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INSTITUTE OF SOCIAL MEDICINE

10, PARKS ROAD, OXFORD

NORFOLK COUNTY COUNCIL

Annual Report

of the

COUNTY MEDICAL OFFICER

FOR 1949

ROBERTS PRINTERS (NORWICH) LTD., 30-34 BOTOLPH STREET, NORWICH.

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PREFACE.

The main task of 1949 was to implement, as fully as circumstances permitted, the proposals under the National Health Service Act, 1946, which had been approved by the Minister of Health the previous year. Satisfactory progress can be claimed in this connection, though as a result of divided responsibility a number of difficult problems have arisen which would appear to be incapable of solution apart from an amendment of the Act. With regional hospital boards, hospital management committees, executive councils and local health authorities, all having one or more fingers in the "health pie," difficulties were bound to arise which could only be overcome by the closest liaison and goodwill on all sides. This, I am pleased to say, has been forthcoming in full measure.

The birth rate for the county fell by a further 1.16 per 1000 of the estimated mid-year population to 16.40, which was 0.30 lower than the figure for England and Wales.

The death rate increased by 1.17 to 12.39 per 1000 of the estimated mid-year population. The figure for England and Wales was 11.7. On the other hand, the death rate of infants under one year of age (27.44 per 1000 live births) and the maternal mortality rate (0.67 per 1000 live and stillbirths) were less than the rates for England and Wales and were the lowest on record.

It is worthy of note that 73% of the deaths were of people 65 years of age and over, 32% were due to heart disease, 16% to cancer, 13% to intra-cranial vascular lesions, 8% to respiratory diseases other than pulmonary tuberculosis and 2% to pulmonary tuberculosis.

The incidence of anterior poliomyelitis was the chief feature of epidemiological interest, the 60 cases being 50% more than the number in 1947, which was the previous highest. Only 5 cases of diphtheria were reported compared with 235 in 1929 and 104 in 1939, and no death has occurred since 1946.

I much regret having to record the death of Dr. H. B. Hodson, the chest physician in West Norfolk, who had been in the Council's service since 1938. Dr. Hodson devoted himself unsparingly to his work, and all associated with him felt a real sense of loss at the passing of such an able man at a comparatively early age.

No report is complete without an acknowledgment of my indebtedness to the many who make their contribution to the public health service, and in so doing truly serve their fellow men. It is one of the most satisfying of experiences to have assisted in the building up of a great new social service, designed to relieve the physical and mental suffering of our day. May I, therefore, thank members of the various Committees and voluntary bodies and medical colleagues for their help and support, and last but not least, the staff of the public health department for their efficient and enthusiastic co-operation.

T. RUDDOCK-WEST.

Public Health Department,
29, Thorpe Road,
Norwich.

October, 1950.

PUBLIC HEALTH STAFF

County Medical Officer:

T. RUDDOCK-WEST, M.D., B.S., D.P.H.

Deputy County Medical Officer:

W. R. CLAYTON HESLOP, M.D., F.R.C.S.E., D.P.H.

Senior Medical Officer:

K. F. ALFORD, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer:

C. S. THOMSON, M.B., B.Ch., B.A.O., D.P.H. (from 28.2.49 to 3.10.49).

Assistant County Medical Officers and District Medical Officers of Health:

C. T. DARWENT, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
IRENE B. M. GREEN, M.D., B.S., D.P.H.
A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H. (from 28.2.49).
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H. (from 15.2.49).
J. C. JOHNSTON, M.B., B.Ch., B.A.O., D.P.H.
J. H. F. NORBURY, M.B., B.S., D.P.H. (from 11.4.49).
C. O'DONOVAN, M.B., B.Ch., B.A.O., D.P.H. (from 1.2.49).
C. W. ORR, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
W. S. PARKER, M.B., Ch.B., D.P.H., D.I.H. (to 30.4.49).
W. W. SINCLAIR, M.B., Ch.B., D.P.H.
C. S. THOMSON, M.B., B.Ch., B.A.O., D.P.H. (to 27.2.49).

Assistant Medical Officers:

VIOLET M. JEWSON, M.A., M.B., Ch.B.
ROSEMARIE D. LINCOLN, M.B., B.S. (part-time from 8.12.49).
C. MARGARET McLEOD, M.B., Ch.B. (part-time).
J. S. MOORE. F.R.C.S.E., D.P.H. (part-time).
MARGARET PARKER. M.B., Ch.B., D.P.H. (part-time to 31.3.49).
G. G. WELLS, M.B., Ch.B.
(full-time to 31.8.49—part-time from 1.9.49 to 1.12.49).

Senior Dental Officer:

P. MILLICAN, L.D.S., R.C.S. (Eng).

Dental Officers:

I. F. BURNS, L.D.S., R.C.S. (Edin.).
DORIS J. CHRISTIE, L.D.S. (U.St.And.) (to 28.2.49).
SADIE S. HOW, L.D.S., R.C.S. (Edin.).
J. NIXON, L.D.S., R.C.S. (Edin.).
E. C. PACKHAM, L.D.S., R.C.S. (Eng.).
F. W. WALMSLEY, L.D.S., R.C.S. (Edin.).
C. R. WOLFENDALE, L.D.S., R.C.S. (Eng.).

County Sanitary Officer:

G. W. CURTIS, M.I.S.E., C.S.I.B., Meat and Food Inspector's Cert., D.P.A.

Senior Assistant County Sanitary Officer:

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Assistant County Sanitary Officer:

F. E. NORWOOD, C.S.I.B., Meat and Food Inspector's Cert.
(Seconded to Ministry of Agriculture and Fisheries from 17.10.49).
A. C. COOPER, C.S.I.B., (from 1.12.49).

Supervisor of Midwives and Superintendent Health Visitor:

MISS M. V. E. DAVEY, S.R.N., S.C.M., R.S.I.Cert.

Senior Assistant Supervisor:

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert.

Assistant Supervisors:

MISS D. T. N. COLE, S.R.N., S.C.M., H.V.Cert. (from 1.4.49).
MISS A. E. ROBERTS, S.R.N., S.C.M., H.V.Cert.
MISS E. THOMPSON, S.R.N., S.C.M., H.V.Cert. (from 1.4.49).

Health Visitors:

MISS E. L. ALMBLAD, S.R.N., S.C.M., R.S.I.Cert. (from 14.2.49 to 14.8.49).
MRS. B. M. GRAY, S.C.M. (part-time to 14.8.49—full-time from 15.8.49).
MISS S. H. LEIGHTON, S.R.N., S.C.M., H.V.Cert. (from 14.2.49 to 14.8.49).
MISS S. M. LILLEY, S.R.N., S.C.M., H.V.Cert. (to 8.1.49).
MISS M. W. LINDSAY, S.R.N., S.C.M., H.V.Cert.
MISS M. ROBSON, S.R.N., S.C.M., H.V.Cert. (from 7.11.49).
MISS L. B. STEEL, S.R.N., S.C.M. (from 26.7.49)
MISS I. A. P. WYMER, S.R.N., S.C.M., H.V.Cert.

School Nurses:

MRS. L. BRADBURY, S.R.N., S.C.M., H.V.Cert.
MRS. P. D. CHADWICK, R.S.C.N.
MRS. W. A. DUNNELL, S.R.N., S.C.M., H.V.Cert (from 26.1.49).
MISS A. E. HOLDEN, R.S.C.N.
MRS. A. M. KNOTT, Trained Nurse, Sick Children
MRS. F. B. NEVILLE, S.R.N.
MRS. W. M. PETTS, S.R.N.
MRS. M. I. QUAYLE, S.R.N.
MISS C. SHINGLETON, S.R.N.
MISS L. B. STEEL, S.R.N., S.C.M. (to 25.7.49).
MISS D. VICKERS, S.R.N.
MRS. O. WAINWRIGHT, Trained Nurse, Sick Children.
MRS. E. WITTRED, S.R.N.

Orthopædic Physiotherapists:

MRS. M. P. BAKER, C.S.P., O.N.C.
MISS M. BOYCE, C.S.P. (from 20.6.49).
MRS. F. M. F. KEANE, C.S.P. (to 30.11.49).
MISS F. W. THOMAS, C.S.P., O.N.C. (to 14.5.49).
MISS M. H. WYER, C.S.P., O.N.C., M.A.O.T.

Speech Therapists:

MISS D. G. BARBER, L.C.S.T. (part-time to 30.9.49).
MISS A. M. HEMMINGS, L.C.S.T. (from 12.9.49 to 23.12.49).
MISS J. RUTT, L.C.S.T.

Home Teachers and Visitors for the Blind:

MISS H. G. BELLAMY, Cert. College of Teachers of the Blind.
MISS M. R. GREEN, Cert. College of Teachers of the Blind.
MISS K. M. HOLLIDAY, Cert. College of Teachers of the Blind.
MRS. M. D. NEAVE, Cert. College of Teachers of the Blind.

Psychiatric Social Worker:

MISS C. M. MEYER.

Home Help Organiser:

MRS. E. A. KING.

Occupation Centre Supervisors:

MRS. S. M. M. HENDERSON
MISS M. T. MEADE

Superintendent Authorised and Welfare Officer:

C. J. TAYLOR

Deputy Superintendent Authorised and Welfare Officer:

T. H. HIGHAM

Local Welfare Officers:

A. BOOTHMAN
S. H. BOUGHEN
J. COWELL
S. J. DODMAN
S. FRYER
C. J. GALLANT
V. C. HALL
D. R. INGHAM
V. K. C. KIRBY
J. G. LARWOOD
T. A. MAYFIELD
F. E. PASCOE
W. J. PEACOCK
F. L. RAY
R. S. REEVE
J. A. ROWE
W. H. WESTERN

Chief Clerk:

E. W. DURRANT

SPECIALIST STAFF (Part-time).

Chest Physicians:

W. B. CHRISTOPHERSON, M.R.C.S., L.R.C.P.
H. B. HODSON, M.D., M.R.C.P., D.P.H. (to 18.4.49).
(Joint appointments with Regional Hospital Board.)

Orthopædic Surgeon:

H. A. BRITTAIN, O.B.E., M.A., M.B., M.Ch., F.R.C.S.

Ophthalmic Surgeons:

P. H. BEATTIE, M.B., Ch.B., D.O.M.S.
J. W. E. CORY, M.A., M.D., B.Chir.
R. H. HUCKNALL, M.B., Ch.B., F.R.C.S.E., D.O.M.S.
G. MAXTED, M.D., B.S., F.R.C.S.
W. E. RUTLEDGE, L.R.C.P.I., L.R.C.S.I., L.M., D.O.M.S.
C. SKELTON SMALLEY, M.C., M.R.C.S., L.R.C.P., D.O.M.S.
DOROTHY K. SOUPER, M.A., M.B., B.Chir., D.O.M.S.

Aural Surgeons:

N. S. CARRUTHERS, F.R.C.S.E., D.L.O.
R. A. HIGHMOOR, M.A,. M.B., B.Chir., F.RC.S.E., D.L.O.
J. LEWIN, M.B., B.S., F.R.C.S.

Heart Specialist:

W. A. OLIVER, M.B.E., M.D., M.R.C.P.

OTHER STAFF

County Analyst:

W. LINCOLNE SUTTON, F.R.I.C.

Inspectors under Food and Drugs Act:

E. R. GRANGER (Chief Inspector).
R. A. ABBOTT
A. R. BAILEY
W. OLIVER
T. F. WARDEN
E. C. WESTWOOD

(These officers are also Inspectors of Weights and Measures)

STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage	1,302,744
Population—1931 Census	318,903
Estimated by Registrar-General (mid-1949) ...	353,150
Product of Penny Rate for general purposes	£5,470
Rateable Value for general purposes	£1,366,481

BIRTHS.

	M.	F.	Total.
Live births—			
Legitimate	2838	2645	5483
Illegitimate	144	166	310
Birth rate per 1000 of the estimated civilian population			16.40
Still births	73	55	128
Rate per 1000 total (live and still) births:			21.62

The following table shows the number of civilian live births registered and the birth rates during the past five years:—

Year	Administrative County		Rate for England and Wales
	Net no. registered	Rate	
1945	5969	18.38	16.1
1946	6612	19.79	19.1
1947	7090	20.84	20.5
1948	6137	17.56	17.9
1949	5793	16.40	16.7

During 1949, the downward trend in the birth rate continued and the figure, the lowest for 8 years, fell to 16.40 per 1000 of the estimated mid-year population of the county. The comparable rate for England and Wales was 16.7 per 1000, and for the second successive year the Norfolk birth rate was less than that of the country as a whole.

Still births numbered 21.62 per 1000 (live and still) births and showed a decrease of 3.01 per 1000 on the 1948 rate. In fact, during the last two decades, only once (in 1947) has a lower figure been recorded.

The proportion of illegitimate births at 5.35% of all live births remained much the same as in the previous year.

DEATHS.

Male	Female	Total
2233	2144	4377

Deaths per 1000 of the estimated civilian population: 12.39

Deaths from puerperal causes:—

	Deaths.	Rate per 1000 total (live and still) births.
Puerperal sepsis	1	0.17
Other puerperal causes ...	3	0.50
Total	4	0.67

Death rate of infants under 1 year of age:—

All infants per 1000 live births	27.44
Legitimate infants per 1000 legitimate live births ...	26.78
Illegitimate infants per 1000 illegitimate live births ...	51.06

Deaths from cancer (all ages)	695
Deaths from measles (all ages)	2
Deaths from diarrhœa (under 2 years of age)	16
Deaths from whooping cough (all ages)	1

The following table gives a comparison of the number of deaths and death rates during the past five years:—

Year	Urban Districts		Rural Districts		Administrative County		England and Wales— Crude death rate
	No. of deaths	Crude death rate	No. of deaths	Crude death rate	No. of deaths	Crude death rate	
1945	857	13.57	3198	12.22	4055	12.48	11.4
1946	870	13.19	3201	11.94	4071	12.18	11.5
1947	947	14.01	3407	12.49	4354	12.79	12.0
1948	846	11.99	3076	11.02	3922	11.22	10.8
1949	978	13.70	3399	11.99	4377	12.39	11.7

The crude death rate of 12.39 per 1000 of the estimated mid-year population showed an increase of 1.17 per 1000 on the previous year's figure and exceeded the England and Wales rate by 0.69 per 1000. It should be noted, however, that the 1948 rate was the lowest ever attained in this county.

The death rate of infants under one year, at 27.44 per 1000 live births, fell by 4.17 per 1000 as compared with the previous year and reached the lowest recorded level. The comparable rate for the country as a whole was 32 per 1000.

The death rate of illegitimate infants was 51.06 per 1000 as against 26.78 per 1000 for legitimate. This was an increase of 1 per 1000 on the 1948 rate.

Maternal mortality continued to decline and, at 0.67 per 1000 (live and still) births, decreased by 0.12 per 1000 as compared with the previous year. This figure compares favourably with the England and Wales rate of 0.83 per 1000 and establishes a standard never previously achieved in Norfolk.

The following table gives the causes of death in 1949 at specified ages:—
(Figures given by Registrar-General)

Causes of death	Total all Ages.	0-	1-	5-	15-	45-	65-
Typhoid and paratyphoid fevers	—	—	—	—	—	—	—
Cerebro-spinal fever	1	—	—	—	—	—	1
Scarlet fever	—	—	—	—	—	—	—
Whooping cough	1	—	1	—	—	—	—
Diphtheria	—	—	—	—	—	—	—
Tuberculosis of the respiratory system ...	100	—	—	—	47	39	14
Other forms of tuberculosis	13	—	4	1	3	3	2
Syphilitic diseases	19	1	—	—	—	6	12
Influenza	46	1	—	—	5	4	36
Measles	2	—	—	2	—	—	—
Acute poliomyelitis and polioencephalitis ...	3	—	1	—	2	—	—
Acute infective encephalitis	1	—	—	—	—	1	—
Cancer of buccal cavity and œsophagus (M), uterus (F)	50	—	—	—	2	18	30
Cancer of stomach and duodenum	113	—	—	—	8	32	73
Cancer of breast	58	—	—	—	3	26	29
Cancer of all other sites	474	—	—	1	26	132	315
Diabetes	43	—	—	—	4	8	31
Intra-cranial vascular lesions	583	—	—	—	6	80	497
Heart disease	1392	—	1	—	17	175	1199
Other diseases of circulatory system	185	—	1	—	7	19	158
Bronchitis	146	2	1	—	1	22	120
Pneumonia	147	26	2	1	6	15	97
Other respiratory diseases	63	—	2	—	5	19	37
Ulcer of stomach or duodenum	30	—	—	—	2	10	18
Diarrhœa under 2 years	16	13	3	—	—	—	—
Appendicitis	9	1	2	3	2	1	—
Other digestive diseases	71	—	2	—	4	20	45
Nephritis	91	1	1	1	8	17	63
Puerperal and post-abortive sepsis	1	—	—	—	1	—	—
Other maternal causes	3	—	—	—	3	—	—
Premature birth	31	31	—	—	—	—	—
Congenital malformations, birth injuries and infant diseases	91	79	5	3	1	2	1
Suicide	36	—	—	—	12	14	10
Road traffic accidents	35	—	—	6	12	9	8
Other violent causes	78	12	6	2	8	14	36
All other causes	445	2	5	5	28	46	359
All causes	4377	169	37	25	223	732	3191

AREA ADMINISTRATION.

The Council's scheme for the decentralisation of administration to Local Health Sub-Committees and offices is set out in last year's report and remains unaltered. The opening of nine local health offices has been amply justified as a large proportion of the routine work associated with the Council's responsibilities as a local health authority can be more efficiently carried out locally.

HEALTH CENTRES.

The establishment of Health Centres is still in abeyance. Any ultimate plans will have to take into account the particular needs of this county with its widely scattered rural population.

CARE OF MOTHERS AND YOUNG CHILDREN.

MATERNITY ACCOMMODATION.

Immediately prior to the coming into operation of the National Health Service Act, the County Council administered a maternity home at Stow, near Downham Market, which served the west of the County and had approved plans for the adaptation of Drayton Hall, near Norwich, to provide accommodation for the eastern area. The Council continued to administer the Stow Maternity Home as agents of the East Anglian Regional Hospital Board until the end of 1948, since when arrangements for admissions to maternity homes have been referred either to the King's Lynn Hospital Management Committee or to the Norwich, Lowestoft and Great Yarmouth Hospital Management Committee. The former has been able to provide adequate facilities at the West Norfolk and King's Lynn General Hospital Maternity Block and at the Stow Maternity Home. The Norwich Hospital Management Committee has met the Council's requests for maternity accommodation in the eastern half of the County by admissions to the Norfolk and Norwich Hospital, Earlham Hall and the West Norwich Hospital Maternity Block. The Council completed the structural adaptation of Drayton Hall as a maternity home in April, 1949, as agents of the Board, and transferred the premises, but these have not yet been opened.

General practitioners refer their Part IV maternity cases requiring maternity accommodation direct to the appropriate hospital management committee. In midwifery cases, however, the district nurse/midwives refer to this headquarters those where home conditions definitely preclude domiciliary confinement and only these urgent cases are referred by the Council to the King's Lynn and Norwich Hospital Management Committees for provision of maternity accommodation. During the year 60 were referred to the King's Lynn Hospital Management Committee from the west, and 81 to the Norwich Hospital Management Committee from the east of the County. Details of the arrangements made in connection with these are as follows:—

King's Lynn Hospital Group Area (West Norfolk).

West Norfolk and King's Lynn Hospital.	Stow Hall.	Total.
32	28	60

Norwich, Lowestoft and Gt. Yarmouth Hospital Group Area.

West Norwich Hospital.	Earlham Hall.	Norfolk & Norwich Hospital.	Total.
50	25	6	81

In addition to these arrangements, the Council has continued to have the use of eight maternity beds in two county homes, under agency arrangements with the Regional Hospital Board, and 74 cases were dealt with in these beds during the year.

It will be noted that no difficulty has been experienced in obtaining necessary maternity bed accommodation for the urgent cases referred by the Council. Care is taken not to refer cases where domiciliary confinement is possible and in this connection the home help service is playing an important part.

UNMARRIED MOTHERS.

The Norwich Diocesan Council for Moral Welfare, consisting of the North and East Norfolk, South Norfolk, King's Lynn and District and Lowestoft and Great Yarmouth Moral Welfare Associations, and the Ely Diocesan Council for Moral Welfare, are continuing to do useful work throughout the county in connection with the care of unmarried mothers and their children, aided by the County Council's annual grants towards administration expenses. These Diocesan Councils have six moral welfare workers, who between them cover the county, investigating cases referred, reporting those cases needing assistance, and following up girls discharged from hostels after training.

Unmarried mothers are admitted to moral welfare hostels (usually St. Paul's Lodge, Great Yarmouth, St. Bridget's Hostel, Lowestoft, Lyndene Hostel, King's Lynn, or Bateman Street Mother and Baby Home, Cambridge) upon the recommendation of the moral welfare workers, where the home circumstances of the girls make special care and training desirable. The County Council accepts responsibility for maintenance charges in these hostels in approved cases, usually from six to eight weeks prior to the expected date of confinement and covering a period of approximately two months following confinement. The girls are transferred to Regional Hospital Board establishments or County Homes for the actual confinement period.

During the year, 61 girls were admitted to moral welfare hostels on the authority of the Health Committee and the length of stay per case averaged fourteen weeks. This is an increase of 16 over the cases dealt with in the previous year. A further 67 cases were referred to the moral welfare workers for help and advice as compared with 97 during 1948.

Every effort is made to help these girls to become responsible members of the community, capable of maintaining and caring for themselves and their children. Although in some cases it is necessary to arrange for boarding out or adoption, a number of girls keep their babies on being found suitable employment. The moral welfare workers keep in touch with the girls and furnish the County Council with periodical progress reports after discharge from the hostels.

CARE OF PREMATURE INFANTS.

Midwives report immediately to the County Nursing Superintendent any premature births which occur and devote special domiciliary care to the mother and infant. Every effort is made to ensure that adequate facilities are provided in the home rather than in hospital. During 1949 there were

101 domiciliary and nursing home premature births, plus 29 in Regional Hospital Board establishments, making a total of 130 for the county as follows:—

BORN AT HOME.

Birth weight.	Nursed entirely at home.					Transferred to hospital.	Grand Total.
	Died in first 24 hours.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.	Total.		
Under 3 lbs. ...	5	—	—	—	5	—	5
3—4 lbs. ...	6	2	—	15	23	3*	26
4—5½ lbs. ...	2	2	—	52	56	3†	59
Total ...	13	4	—	67	84	6	90

* 2 died and 1 survived.

† 1 died and 2 survived.

BORN IN PRIVATE NURSING HOMES.

Birth weight.	Nursed entirely in private nursing homes.					Transferred to hospital.	Grand Total.
	Died in first 24 hours.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.	Total.		
Under 3 lbs. ...	—	—	—	—	—	—	—
3—4 lbs. ...	—	—	—	1	1	1*	2
4—5½ lbs. ...	—	—	—	9	9	—	9
Total ...	—	—	—	10	10	1	11

* survived.

BORN IN HOSPITALS.

Birth weight.	Died in first 24 hours.	Died on 2nd to 7th day.	Died on 8th to 28th day.	Survived 28 days.	Total.
Under 3 lbs. ...	3	—	—	—	3
3—4 lbs. ...	1	—	—	1	2
4—5½ lbs. ...	—	—	—	24	24
Total ...	4	—	—	25	29

The Health Committee has authorised the purchase of two Queen Charlotte type infant oxygen tents, one to be stored at headquarters in Norwich, and the other at the King's Lynn Local Health Office. These are to be available day and night, with cylinders of oxygen and cylinder stands, for immediate loan to any case of domiciliary premature birth occurring in the county. All general practitioners and nurses will be given the telephone numbers of certain local welfare officers who will be responsible for the transportation of these tents if required outside office hours. The tents will be placed in protective wooden cases which, together with the cylinders and stands, will be transportable by ordinary private car.

The Council is grateful to the medical and nursing staff of the Jenny Lind Hospital, Norwich, for inviting district nurse/midwives to the Premature Infant Department to see the up-to-date methods and treatment employed there.

ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

Early in the year, the Health Committee specially considered the marked decrease in attendances at the Council's ante- and post-natal clinic at King's Lynn. Although the weekly sessions were continued throughout the year, only 58 mothers made a total of 123 attendances as compared with the 217 attendances during 1948. The post-natal clinic at Woodbastwick had already ceased to function and an approach was made to the Minister of Health for sanction to amend the Council's proposals under Section 22 of the Act to permit of these two clinics being discontinued. The development of the general practitioner obstetrician service doubtless accounted for the falling off in attendances at these two clinics, which had been run in the past by voluntary organisations and an additional factor in the case of the King's Lynn clinic was that alternative arrangements had been made available by the East Anglian Regional Hospital Board by the establishment of an ante-natal clinic at the West Norfolk and King's Lynn General Hospital under their obstetric specialist. Authority to terminate the County Council clinics was received from the Minister in December, 1949, and the last session of the King's Lynn clinic was held on 11th January, 1950.

The Council's ante-natal scheme has continued to provide for the ante-natal examination by a medical practitioner of each midwifery case, the doctor being paid the appropriate fee for the examination and a report. With the increase in the number of general practitioner medical service bookings under Part IV of the National Health Service Act, the number of midwifery cases has continued to decrease as follows:—

EXAMINATIONS BY GENERAL PRACTITIONERS UNDER THE COUNCIL'S ANTE-NATAL SCHEME.

	1947.	1948.	1949.
No. of expectant mothers examined ante-natally	1180	974 (of whom 748 were examined prior to 5th July)	424
No. of mothers examined post-natally	104	122	74

INFANT WELFARE CENTRES.

The Council had 38 centres functioning at the beginning of the year, and the number was increased to 46 during the year by the opening of new centres at Blakeney, Cley, Downham Market, Grimston, Harleston, Loddon, Poringland and Thorpe, the taking over of the voluntary centre at Walsingham and the closing of the centre formerly held at Southery. 26 of these centres have monthly sessions, 15 bi-monthly, one 3 per month, one weekly, and one bi-weekly, while in the case of Blakeney and Cley, the monthly session alternates between the two villages. The Isle of Ely County Council has very kindly continued to cater for mothers and young children attending their Wisbech centre from the nearby fringe area of the county.

These infant welfare centres are established mainly in the larger centres of population and are staffed by doctors (usually the assistant county medical officer for the area attending in an advisory capacity), district nurse/midwives and/or health visitors, assisted by local voluntary personnel. For some, reasonable public transport facilities exist, but owing to the rural nature of the county, it is estimated that the 46 centres cater for rather less than half of the total population. During the year, the Health Committee gave careful consideration to the need for extending welfare centre facilities to the remainder of the county.

Transport Experiment. The Committee authorised, for an experimental period of six months commencing 1st June, 1949, the provision of special bus transport in the Blofield and Flegg, Downham and Marshland rural districts, to convey mothers and young children to the respective infant welfare centre sessions within a radius of approximately ten miles from each centre. Seven centres were involved and in five of them additional sessions were arranged. The Education Committee's Transport Officer assisted in the matter of arranging suitable routes, obtaining tenders and making transport arrangements with local contractors.

An interim report after the first three months showed that the over-all attendances at the seven centres was increased by 74% by the special transport of mothers and young children from outlying villages not served by public transport. The response, however, varied considerably in the different localities and in one or two cases the special bus arrangements had to be cancelled through lack of support, although all these transport arrangements had been carefully publicised in the districts concerned by the district nurse/midwives. In considering whether it would be a good policy to extend infant welfare centre facilities to all parts of the county by this means, the Health Committee, in view of the anticipated additional annual expenditure on the provision of transport (estimated to be at least £4000), and the amount of administrative work involved, decided to investigate, as an alternative, the establishment of village infant welfare centres.

Village Infant Welfare Centres. This alternative scheme really implied considerable extension of the unofficial district nurse weighing centres in each little group of two to four villages outside the scope of the full infant welfare centres. The intention was that these village centres would be held regularly on a fixed day once per month, staffed by the district nurse/midwives normally serving the villages in question, with welfare foods and medicaments being made available to the mothers. By the end of the year, all district nurses had been consulted as to the most suitable points at which these village centres might be established and the various Local Health Sub-Committees

had considered reports and submitted recommendations to the Health Committee. A portable counter-balance weighing machine was designed, which could be utilised for weighing both infants and toddlers. This was tested and approved and 70 were ordered, deliveries to be completed by the end of June, 1950, when it was hoped that the full scheme of village infant welfare centres would be in operation. The Health Committee has approved the siting of 110 of these village infant welfare centres and negotiations have been opened for the hire of suitable rooms at a fee usually not exceeding 10/- per session in each of the villages concerned.

These village centres are a development of the services provided by the district nurse/midwives, linking up with the health visiting service. It is not proposed to arrange for the regular attendance of medical officers, although it is visualised that the respective assistant county medical officers will visit sessions in their areas at approximately three-monthly intervals.

There are already some 33 voluntary weighing centres functioning regularly, and it has been decided to concentrate in the first place upon the villages where no facilities exist, leaving the question of incorporating these additional voluntary centres within the full county scheme for consideration at a later date.

During 1949, 2047 children under one year, and 1001 children over one year of age made first attendances at the 46 infant welfare centres. The total attendances were 23,679 (12,716 under one year and 10,963 over one year of age).

WELFARE FOODS AND MEDICAMENTS.

The scheme for the supply of welfare foods and medicaments has been continued throughout the year without amendment. Welfare foods are available at infant welfare centres for sale at cost price (or free in necessitous cases, although applications for free issue are now very rare), while medicaments are supplied free of charge when recommended on medical grounds by medical practitioners, district nurses or medical officers of infant welfare centres. The following table shows issues made during the year, with the figures for 1948 in brackets:—

WELFARE FOODS.		
Dried Milk	27,263 lbs.	(26,462 lbs.)
Brand's Strained Foods ...	645 tins	(1,528 tins)
Farex	1,617 pkts.	(1,811 pkts.)
Brestol	405 tins	(236 tins)
Midlothian Oat Food ...	529 tins	(513 tins)
Scott's Baby Cereal ...	924 pkts.	(869 pkts.)
MEDICAMENTS.		
Adexolin	818 bottles	(356 bottles)
Parrish's Food	252 bottles	(161 bottles)
Virol	6,737 8 oz. carts.	(4,224 8 oz. carts.)
Maltoline	2,163 jars	(476 jars)
Maltoline with Iron ...	2,676 jars	(879 jars)
Glucose	2,332 4 oz. pkts.	(1,719 4 oz. pkts.)
Halibut Liver Oil ...	5,422 5 c.c. phls.	(1,342 5 c.c. phls.)
Iron Tablets	42,600 tablets	(8,100 tablets)
Ostocalcium	45,200 tablets	(21,800 tablets)
Vitamin "C"	9,200 tablets	(2,250 tablets)
Lactagol	2,730 tins	(743 tins)

DENTAL TREATMENT.

The Senior Dental Officer reports:—

The difficulty of obtaining adequate staff has made it impossible to offer a real priority dental service to expectant and nursing mothers, although every effort is made to carry out treatment within a reasonable period in districts in which staff is available. There are, however, areas of the county where dental inspection and treatment were only provided by diverting dentists from their own areas for a few sessions monthly. This has, of course, impaired smooth working in the districts in which staff is still available. Any attempt at increasing the areas covered by the present staff might have disastrous results, leading to a breakdown of the service throughout the county.

The staff shortage has also made it impossible to attempt routine inspection and treatment of children under school age.

The number of expectant and nursing mothers at present receiving treatment under the scheme is so small as to render it uneconomical and unnecessary for the Council to establish a dental laboratory. The arrangements with the East Anglian Dental Laboratory for the supply of dentures has accordingly been continued. The service provided is prompt and efficient.

To sum up, expectant and nursing mothers and young children, essentially priority cases, are threatened with dental neglect unless a satisfactory solution to the staffing problem is found without delay.

Cases treated and treatment provided:—

Expectant and nursing mothers		94
Dentures	35	
Fillings	59	
Scalings	19	
Dressings	18	
Extractions	257	
Pre-school children		127
Fillings	4	
Dressings	113	
Extractions	193	

DAY NURSERIES.

There are no day nurseries in the county.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

During the year, two premises were registered for a total of ten children while two daily minders were registered for two children. No registrations were made during 1948 and these figures represent the present position in the county under this Act.

NOTIFICATION OF BIRTHS.

5272 live and 95 still births were notified.

BIRTH CONTROL.

Constructive birth control facilities are available for county mothers at the Norwich Mothers' Clinic and at the Cambridge Clinic organised by the Cambridge Women's Welfare Association. The Council, as usual, made a grant to both organisations during the year. Mothers may make their own arrangements direct with these clinics, but medical practitioners refer cases through this office where they consider that further pregnancies would prove detrimental to health.

The Norwich Mothers' Clinic became affiliated to the Family Planning Association during the year.

MIDWIFERY SERVICES.

Arrangements for domiciliary midwifery have been continued as set out in the report for 1948, the Norfolk County Nursing Association acting as agent of the Council.

During 1949, 261 midwives gave notice of their intention to practise in the county, 37 ceased to practise and, at the end of the year there were 224 on the register compared with 223 at the end of the previous year. 630 visits of inspection were carried out by the supervisor of midwives and the assistant supervisors.

The rules of the Central Midwives Board specify conditions of emergency under which midwives are required to summon medical aid and notify the local supervising authority that they have done so. This procedure has been continued in accordance with Ministry of Health Circular 123/48. 407 notifications have been received from midwives during the year, 338 in respect of midwifery cases, 43 in respect of maternity cases and a further 26 in respect of institutional confinements. This shows a marked decline compared with 1948 when notifications received numbered 615. This decline may well be due to the maternity service provided by medical practitioners through the Executive Council under Part IV of the National Health Service Act, 1946.

It is interesting to note the development of the general practitioner obstetrician service under Part IV of the Act, side by side with the Council's midwifery services. There were 5,368 confinement cases in the county during 1949 as follows:—

Attended by district nurse/midwives:		
Midwifery cases	2037	
Maternity cases	2117	
		4154
Confinements in county homes		74
Confinements in hospitals		568
Private confinement cases		572
		5368

Of the 4154 domiciliary confinement cases, 1122 (27%) were dealt with entirely as County Council midwifery cases under the Midwives' Acts, no doctor having been booked by the patients for the confinement. The remaining 3032 (73%) engaged the services of a doctor. Of these, 2117 (70%) had

the doctor present at the actual confinement and the district nurse/midwives acted as maternity nurses. The remaining 915 (30%) were attended at the actual confinement by the district nurse/midwife and these, with the original 1122, make the midwifery cases total of 2037.

At the end of the year, 102 domiciliary midwives practising in the area had qualified to administer gas and air analgesia, an increase of 26 during the year. Training for the midwives not yet qualified is still continuing as quickly as the necessary course vacancies can be obtained. 97 sets of apparatus (26 more than at the end of 1948) were in use at the end of the year, and analgesia was administered by midwives in 1149 cases (616 midwifery and 533 maternity). The corresponding number for 1948 was 829. Before analgesia is administered, a certificate of the patient's fitness is obtained from a medical practitioner, a fee being paid by the Council in respect of midwifery cases.

OPHTHALMIA NEONATORUM.

8 cases were notified during the year in respect of 5 domiciliary and 3 institutional confinements. In no case was it necessary for the patient to be admitted to hospital and in all cases vision was unimpaired.

PUERPERAL PYREXIA.

14 cases of puerperal pyrexia were notified during the year, equally divided between domiciliary and institutional confinements. A second opinion was requested in 1 case and 5 patients were admitted to hospital.

HEALTH VISITING.

Health visiting is carried out by whole- and part-time health visitors and also by district nurse/midwives who devote part of their time to these duties. The shortage of health visitors has made it impossible to increase the number sufficiently to relieve all district nurses of health visiting duties. However, each new health visitor appointment does relieve certain district nurses of this work. Scholarships are awarded to student health visitors to enable them to complete their training, conditional upon the student giving an undertaking to work for the authority for a minimum period of two years after qualifying. In this way, and by the appointment of new health visitors whenever possible, it is hoped eventually to enable district nurses to devote the whole of their time to midwifery and home nursing. The district nurse/midwives are employed by the County Nursing Association under the agency agreement.

The health visiting staff at the end of the year comprised the superintendent health visitor, who also acts as supervisor of midwives and nursing superintendent, 4 assistant superintendents with similar combined duties, 5 whole-time health visitors, 2 tuberculosis health visitors and 12 school nurses, the Ministry of Health having granted dispensations to enable 10 of them to undertake health visiting duties. With 108 district nurse/midwives also devoting a proportion of their time to health visiting, it is estimated that there were the equivalent of 28 whole-time health visitors covering the county.

The following table gives a summary of the work of the health visitors during the past five years:—

Year.	Ante-natal visits	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1945	19,552	4,619	96,517	116,069
1946	22,624	5,018	100,856	123,480
1947	22,887	5,785	100,712	123,599
1948	20,964	5,589	106,310	127,274
1949	16,692	5,101	101,570	118,262

The work carried out by the tuberculosis health visitors is not included here, but is referred to in subsequent paragraphs concerned with tuberculosis.

HOME NURSING.

Home nursing is carried out by the Norfolk County Nursing Association, acting as agent of the Council for this service. 4 nurses devote the whole, and 141 district nurse/midwives part of their time to these duties, making the equivalent of 50 whole-time.

Cases attended:—		
General	10,397	
Maternity and midwifery	4,672	
		15,069
Visits made:—		
General	158,898	
Maternity and midwifery	76,486	
Ante- and post-natal	31,585	
		266,969

VACCINATION AND IMMUNISATION.

The uncertainty concerning fees to be paid by local health authorities to general practitioners resulted in many practitioners withholding the cards at the end of 1948 and during 1949. Consequently, local health authority statistics during this period have been, of necessity, incomplete. However, the fees payable under Section 26 of the National Health Service Act were agreed and published in December, 1949, and by April, 1950, most of the reports of vaccinations and immunisation carried out by medical practitioners during the year had been received and recorded on the supplementary return furnished to the Ministry of Health in April last. These additional figures are taken into account in the following paragraphs.

VACCINATION.

This country has enjoyed comparative immunity from outbreaks of smallpox for many years, but the danger of serious outbreaks is increased by the continual speeding up of communications between this country and those parts of the world where the disease is endemic. The following statistics show that during the year there were only 1,095 children vaccinated in infancy —20% of the birth rate. This demonstrates the extent to which precautionary vaccination has declined following the abolition of compulsory vaccination,

and indicates the necessity for a more vigorous campaign to overcome this prejudice or apathy on the part of the parents. This is a matter which is at present receiving special attention in this county. It will be seen that the number of vaccinations and re-vaccinations generally, apart from infants, is almost negligible and gives cause for much concern.

During 1949, district nurse/midwives and health visitors continued their propaganda in homes and at infant welfare centres, making use of the various pamphlets and posters obtained from the Central Council for Health Education.

1,648 reports of vaccination and 313 of re-vaccination were received during the year, as follows:—

	Vaccination.	Re-vaccination.
Under 1 year of age	1095	—
1—4 years of age	367	14
5—14 years of age	78	36
15 years of age and over ...	108	263
	1648	313

DIPHTHERIA IMMUNISATION.

In this, as opposed to vaccination, there is a far greater measure of co-operation from parents, who readily appreciate the practical value of immunisation against this disease. Even so, it must be remembered that parents, even the youngest of them, can readily recall the much more serious extent to which this disease menaced their childhood days. Memories are proverbially short, however, and there is need for vigilance in the future to combat any tendency towards apathy which may develop owing to complacency over the present low incidence of the disease, and, in any case, the position cannot be regarded as entirely satisfactory until 100% immunisation is achieved. This is not lost sight of in propaganda work which is being constantly carried out by general practitioners, medical officers, district nurse/midwives and health visitors. The need for booster doses at intervals not exceeding five years is also stressed by the assistant county medical officers and nurses at school medical inspections, and here the continued co-operation of the teaching staff is a valuable factor.

Primary Immunisations.

Children under 5 years of age ...	3602	
Children 5 years of age and over ...	1215	
		4817
Re-inforcing injections		4910

Immunisation in relation to child population.

Number of children known to have been immunised at any time up to 31st December, 1949:—

Under 5 years of age ...	14,630	...	47.4%
5—14 years of age ...	37,915	...	76%
	52,545	...	65%

Cases of diphtheria notified in the county.

1938—176: 1947—10: 1948—8: 1949—5.

No deaths from the disease have occurred since 1946.

AMBULANCE SERVICE.

INFECTIOUS DISEASE TRANSPORT.

The Council has continued to make direct provision for the transport of infectious disease cases, two ambulances and two cars being maintained at East Dereham, and one ambulance at King's Lynn. The East Anglian Regional Hospital Board has continued to co-operate in the matter of garaging the four vehicles at the East Dereham Isolation Hospital with joint use of drivers, although this latter arrangement is now under review. The King's Lynn Borough Council has also very kindly continued the arrangements for the driving and servicing of the vehicle on behalf of the County Council.

The three ambulances dealt with 201 calls, conveying 223 patients involving a total mileage of 12,038. The two cars made 184 journeys in respect of 199 patients involving a mileage of 9500.

OTHER AMBULANCE SERVICES.

The arrangements outlined in the 1948 report have continued throughout the year without variation. The Norfolk branches of the St. John Ambulance Brigade and the British Red Cross Society are the agents of the County Council for the provision of a comprehensive ambulance service (excluding infectious disease). These voluntary organisations also combine with the Norfolk branch of the Women's Voluntary Services for the operation, on an agency basis, of the sitting-case car service. The whole of these arrangements are effectively co-ordinated through a Joint Ambulance Committee on which the voluntary organisations and the Council have equal representation.

The Council re-imburses the organisations by payment of fixed mileage allowances as agreed from time to time. These payments have remained at the rate of 1/6d. per mile for all ambulance journeys and 6d. per mile for all car service journeys, and the arrangements have continued to operate satisfactorily throughout the year.

AMBULANCES. The demands upon the ambulance service have remained fairly constant, the mileage ranging from 18,000 to 20,000 per month since July, 1948. During 1949, the 28 ambulances operated under agency arrangements dealt with 7190 calls (*3335*), including 1228 (*437*) accident and other emergency calls. 7591 (*3504*) patients were carried, involving a total mileage of 220,669 (*104,879*). (*Figures in brackets are for comparative purposes and are for the period 5th July to 31st December, 1948*).

CAR SERVICE. The increasing demands made upon this service, and the resultant increase in expenditure, have caused very real concern throughout the year. The Health Committee and the Ambulance Sub-Committee have given much thought to this problem and have lost no opportunity of enlisting the co-operation of hospital management committees and general medical practitioners in the matter of restricting the use of the car service to patients who are, *for medical reasons*, unfit to travel by public transport. Doubtless the very heavy demands now being made upon the hospital services generally are partly responsible for the big increase in the use of the sitting-case car service for admissions and discharges and for out-patient attendances. However, it has also been necessary to educate the public as to the need for this restriction of service, particularly in this county with its special transport difficulties over large rural areas. This has been done by means of special

posters and by discouraging by all means possible the individual hire of special transport. In cases where the Council is requested to re-imburse patients for the cost of the hire of special transport, the amount re-imbursed on production of suitable medical evidence of the necessity for special transport, is restricted to the amount which would have been paid had the sitting-case car service been utilised.

There were 323 car owners voluntarily taking part in this service at the end of the year, as compared with 387 at the end of 1948. During the year they responded to 21,773 calls (including 753 accident and other emergencies), conveying 25,792 patients, the total mileage for the year being 888,294.

NOTE—*The figures for 1948 (5th July to 31st December only) were 5863 calls, 6767 patients, mileage 235,097.*

The manner in which the demand upon the car service has continued to increase is illustrated by the fact that in January, 1949, the car service dealt with 1853 cases, involving a distance of 60,704 miles, at a cost of £1761 for the month, whereas in the last quarter of the year the number of cases conveyed per month had risen to an average of 2470 with an average monthly mileage of 84,270 and an average monthly cost of £2189.

MUTUAL ASSISTANCE ARRANGEMENTS. The Council continued the arrangements originally agreed with neighbouring authorities, at the rate of 1/6d. per mile for ambulances and 6d. per mile for cars, until 1st October, when the new standard ambulance rate of 2/- per mile was adopted in accordance with the recommendations of the conference of the Associations of Local Authorities.

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949. This became law at the end of the year, and Section 24 makes local health authorities from whose areas patients are admitted to hospital, responsible for the cost of any ambulance or car transport necessary for the patients on their discharge any time up to three months from the date of admission. This amendment is a matter of financial adjustment only and leaves the responsibility for the actual provision of the ambulance or car service facilities with the local health authorities in whose areas the hospitals are situated.

Norwich has the main hospitals serving many Norfolk residents and now has the right to continue to provide the actual transport for any Norfolk discharge cases and to charge this authority at the rate of 2/- per mile for ambulances and 6d. per mile for cars.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

AFTER-CARE OF TUBERCULOUS PATIENTS.

The agency arrangements, operated on behalf of the East Anglian Regional Hospital Board, for the treatment of tuberculosis in the eastern part of the county, ceased in November, 1949. The chest physician and the clerical staff moved to Regional Hospital Board premises in Norwich on the 14th November, together with the dispensary which had hitherto been conducted in the clinic part of the premises at this headquarters.

As mentioned in the preface to the report, Dr. H. B. Hodson, the chest physician in the western half of the county, died in April. Dr. E. Holmes Watkins, a member of the medical staff of the West Norfolk and King's Lynn General Hospital, took over Dr. Hodson's duties until a permanent appointment could be made.

By arrangement with the East Anglian Regional Hospital Board, the Council has joint user of the services of the two chest physicians and pays two-elevenths of their salaries and expenses.

B.C.G. Vaccine. The Ministry of Health issued in August a circular (72/49) concerning arrangements for the use in this country, within certain limits, of the vaccine known as B.C.G. This is made available to chest physicians for use as considered advisable by them for contacts of persons suffering from tuberculosis. Chest physicians in joint service with Regional Hospital Boards and local health authorities, who undertake B.C.G. inoculation, do so in their capacity as officers of the local authority within the scope of the authority's proposals under Section 28 of the National Health Service Act.

The Health Committee considered the circular and decided to undertake B.C.G. vaccination to the limited extent suggested by the Ministry. The Minister has approved an appropriate addendum to the Council's proposals under Section 28 of the National Health Service Act. No B.C.G. inoculations had been commenced at the end of 1949.

Tuberculosis Health Visitors. The two health visitors (one at Norwich and one at King's Lynn) work in close association with the chest physicians, attending all their clinics and thereby establishing close liaison between treatment and after-care arrangements. The duties of these health visitors were detailed in the report for 1948 and experience has shown that these arrangements are working smoothly in the best interests of the patient.

During the year, the two tuberculosis health visitors attended 423 clinics and also carried out 2805 visits to patients in their own homes.

Revolving Shelters are loaned to patients free of cost where recommended by the chest physicians. Bedsteads are also loaned on request and, although patients are encouraged to provide their own mattresses, these too are loaned free of cost where the patients are unable to supply their own. At the end of the year, 115 shelters were in use.

Milk is supplied free of charge when recommended by the chest physicians and where the patient's financial circumstances are within the scale published jointly by the Associations of Local Authorities and the Ministry of Health in circular 100/48. 90 cases were assisted in this manner during 1949. A further 36 patients were supplied with maltoline and iron, 113 with maltoline and 13 with cod liver oil, all in accordance with special recommendations of the chest physicians.

Two patients were colonised during the year upon completion of treatment at sanatorium.

Notifications. The number of new cases reported by formal notification during the year was 273 (pulmonary 187, non-pulmonary 86). It is, however, necessary to add that at the end of the year there was a residue of 1949 cases

for which formal notification had not been received because of the administrative changes occasioned by the switch-over of treatment arrangements to the Regional Hospital Board. Formerly the Council's tuberculosis officers raised a "? duplicate" notification of any case not already notified by the medical practitioner. This procedure was interrupted during the transitional period but steps have now been taken generally to tighten up notification procedure and the figures for 1950 will, therefore, include 31 pulmonary and 5 non-pulmonary 1949 cases.

The following table shows new cases reported and case rates per 1000 of population for the past five years. It will be noted that, in order to keep this review in true perspective, the figures for 1949 are shown in two parts, i e. cases formally notified and balance awaiting notification.

Year.	No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1945	246	0.70	159	0.48
1946	284	0.85	113	0.34
1947	215	0.62	121	0.34
1948	239	0.68	87	0.25
1949				
Cases formally notified ...	187	0.62	86	0.26
Awaiting notification ...	31		5	

Mortality figures for the same five years are:—

Year.	No. of pulmonary cases.	Case-rate.	No. of non-pulmonary cases.	Case-rate.
1945	102	0.31	22	0.06
1946	94	0.28	26	0.07
1947	89	0.26	25	0.07
1948	103	0.29	30	0.08
1949	100	0.28	13	0.04

The numbers of definite cases on the after-care register at 31st December, 1949, were as follows:—

	Male	Female	Total
Pulmonary	596	415	1011
Non-pulmonary	161	173	334
	757	588	1345

VENEREAL DISEASE.

The County Council is responsible for the follow-up of definite cases and contacts, where required by the specialist concerned, and for general preventive measures in connection with these and any other suspected sources of infection. This has been ensured by consultation with the medical officer of the main treatment centre in Norwich and by a constant exchange of confidential information concerning all definite or suspected cases. The services of the assistant superintendent health visitors and the local welfare officers have been made available to assist, where necessary, in the follow-up of female and male cases respectively. All information concerning definite or suspected cases of venereal disease is dealt with by the senior professional staff only, so as to ensure that all arrangements are made in the strictest confidence.

During the year, no cases were referred for non-attendance at treatment clinics, but requests were received for information concerning suspected sources of infection in respect of five cases which occurred in the county. However, in all five cases it was ascertained that the suspected source of infection was resident in the area of another authority and information was accordingly referred to the appropriate medical officer of health.

PROVISION OF NURSING EQUIPMENT.

The arrangements made between the County Council, the St. John Ambulance Brigade and the British Red Cross Society, outlined in the last annual report, operated from 1st January, 1949. The scheme enables patients to obtain, on loan free of charge, sick room equipment from local depots established by the voluntary organisations. Some depots had been functioning for a considerable time before the Council's scheme came into operation, the patients paying small weekly charges for the loan of the equipment. The Council now re-imburses the voluntary organisations, acting as the agents of the authority, by means of quarterly payments proportionate to the loan charges which would formerly have been paid by the patients. The administrative procedure in this respect has been simplified by the provision to each loan depot of record sheets which are completed in triplicate. One copy serves as the record of issues and receipts for the depot, the other two are passed to the county headquarters of the respective organisations, who forward one copy to the Council for purposes of re-imbursement. The Council is grateful to both organisations for their valuable co-operation in this service. By joint consultation, they have extended the number of depots to 119, which are well spaced out all over the county so as to make these facilities readily available to all residents.

Although there is, generally speaking, no limitation placed upon the period of loan, patients requiring wheel chairs or similar equipment for prolonged use are referred to the Ministry of Pensions, the equipment being provided on loan through the Council's scheme until the Ministry of Pensions is able to make a permanent allocation.

During the year, 2098 patients benefited by the medical loan facilities made available through the 119 depots. One patient took advantage of the facilities offered by the Council for the purchase of major items of equipment at cost price.

RECUPERATIVE HOMES.

The Minister of Health issued a circular (14/49) to all local health authorities in March, 1949, in which it was stated that it is the duty of Regional Hospital Boards to provide convalescent treatment where such treatment includes at least regular medical supervision and nursing care, but that it rests with local health authorities, through their powers under Section 28 of the National Health Service Act, to arrange for persons who need rest, good food, fresh air and regular hours, to go to convalescent institutions of the "holiday home" type.

The Public Health and Housing Committee of the County Councils Association considered this circular defining the respective responsibilities of regional hospital boards and local health authorities and passed a resolution advising county councils to defer action until representatives of the Association had had an opportunity of discussing the contents of the circular with

the Ministry of Health. The Health Committee accordingly decided not to proceed with arranging facilities at recuperative homes until the results of the further discussions were known.

In December the Minister issued a further circular (112/49) on the subject, confirming that the arrangements referred to in the previous circular were in abeyance. This new circular stated that it was proposed to carry out a fact-finding survey of non-transferred convalescent homes with a view to placing them into three broad categories:—

(*a*) those which provide convalescent treatment within the scope of the hospital service and which could appropriately be used by regional hospital boards.
(*b*) those which provide facilities of the "holiday home" type which could be used by local health authorities.
(*c*) those which are a combination of (*a*) and (*b*).

When this information is available it will be reviewed by the Ministry in consultation with the County Councils Association and the Association of Municipal Corporations, with a view to further guidance being given to local health authorities and regional hospital boards.

The Council's proposals under Section 28 of the Act, as approved by the Ministry, make no reference to the provision of convalescent home facilities and any such development will necessitate an appropriate amendment of the Council's scheme under this section.

Meanwhile any application received is given special consideration and is dealt with on its merits. During the year, the Council has been requested to accept financial responsibility for two patients in non-Regional Hospital Board convalescent homes. In one case responsibility was accepted, but in the second it was decided that it was not the type of case which it is envisaged local health authorities may eventually assist.

INFLUENZA—PRECAUTIONARY MEASURES.

At the end of 1948 and at the beginning of 1949, special consideration was given to the risk of the European influenza epidemic extending to this country. The Minister of Health requested local health authorities to be prepared with plans to meet any such eventuality and the Council consulted the voluntary organisations regarding the supplementation of existing services to cope with any unusually large number of cases which might occur and avoid any dislocation of services. A broad plan of campaign was agreed upon, but fortunately the emergency did not arise.

HOME HELP.

The arrangements made by the Council for the development of the pre-5th July maternity home help arrangements into the much more comprehensive scheme envisaged under Section 29 of the National Health Service Act, were given in the previous report. Good progress was made in this service throughout the county during the ensuing twelve months.

ORGANISATION.

The home help organiser, appointed in September, 1948, has obtained a first class domestic science diploma. A proposal to appoint an assistant home help organiser, to reside and work in the western half of the county, has been deferred in view of the need for economy.

The Domestic Help Sub-Committee in October, 1949, decided that, in the light of experience gained in the working of the service and to avoid any

payment of wages for stand-by duty, the general enrolment of regular whole-time and part-time home helps should be suspended, and efforts should be concentrated upon the enrolment of occasional home helps. It was felt that it would be preferable to aim at covering the rural districts by the enrolment of a greater number of persons willing to help on an occasional basis in their own villages as and when required. Appendix I shows, by graph, the numbers of home helps employed in the service in the three categories (whole-time, part-time and occasional) month by month, throughout the year under review. It will be seen from this that the employment of regular whole-time and part-time home helps with a guaranteed weekly wage, has been stabilised during the last three months of the year, the actual figures of those in employment in these two categories at the end of the year being 45 and 43 respectively. These are employed mainly in the urbanised areas.

UNIFORM AND BADGES.

Each enrolled whole-time and regular part-time home help has, during the year, been provided with three overalls and a badge. The Council has also decided to provide each occasional home help with one overall.

SPECIAL TRANSPORT FOR HOME HELPS.

In September, 1949, the Council gave consideration to the problem of additional expenditure being incurred in the provision of special transport for the daily conveyance of home helps to and from households in the more remote parts of the county where home helps were not available in the locality. At that time the Council was faced with an increasing number of these cases and decided, as a matter of policy, not to continue to provide taxis for home helps, but to consider the formation of a squad of mobile home helps ready and willing to undertake limited periods of resident home help service in the more remote households where suitable help was not available in the locality. It was decided, however, not to proceed with this idea as, firstly, the home helps approached were reluctant to undertake any resident service outside their respective areas, and eventually it was found out that, with the very satisfactory increase in the enrolment of occasional home helps towards the end of the year, no difficulty was being experienced in the matter of providing home helps in households where there was a need for the service.

SITTERS-IN.

Early in the year under review, consideration was given to the question of providing sitters-in at night in cases of sickness. The Council decided, however, that night attendance upon sick cases involved duties more of a nursing character and could not be regarded as part of the functions of the home help service.

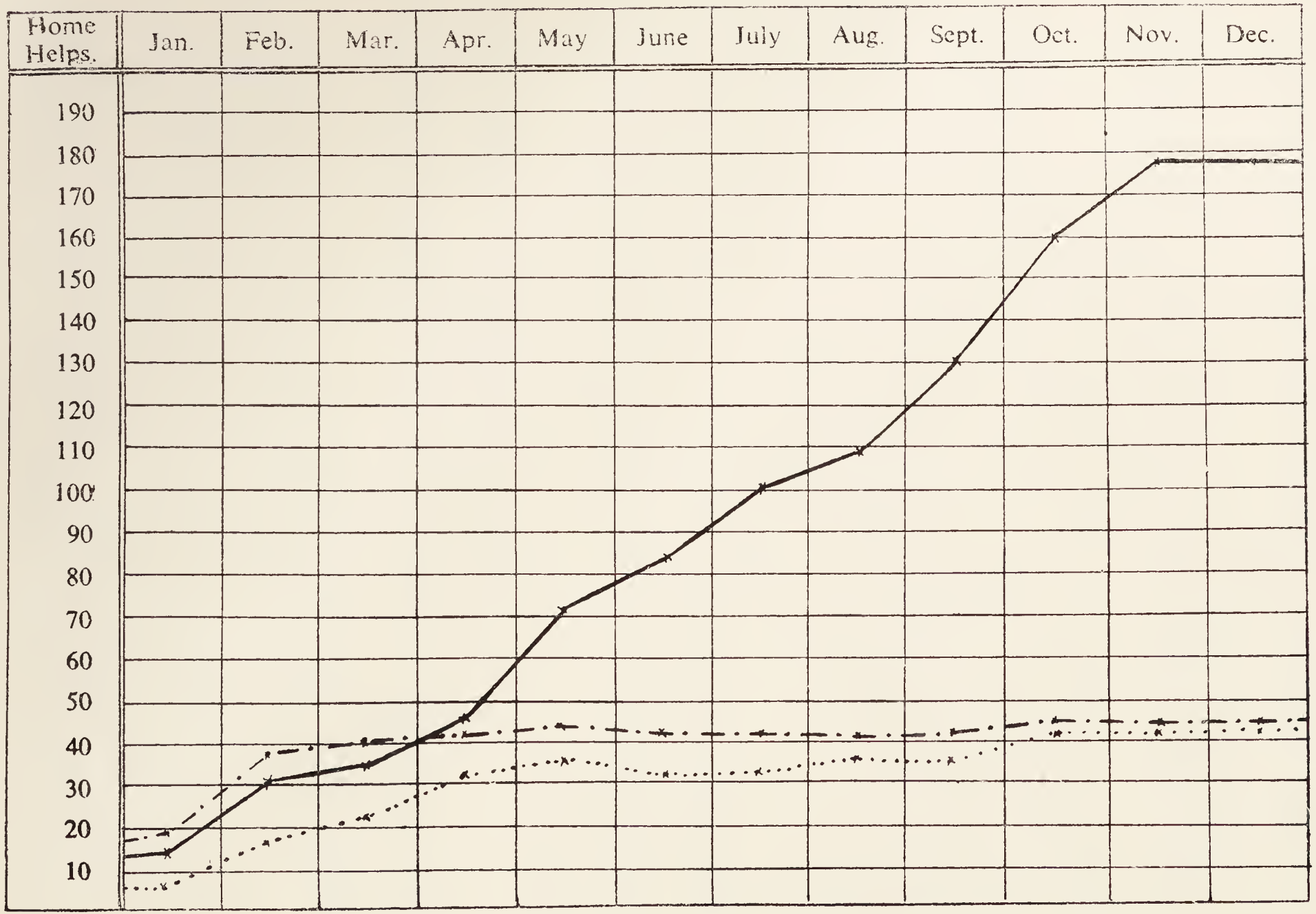
EMPLOYMENT OF RELATIVES.

This is avoided unless it is impossible to provide the necessary assistance in any other way and even then the Council will only consider the employment of relatives who are not members of the household for which help is needed. During 1949, relatives were only employed in three difficult cases where assistance could not otherwise have been provided and in only one of these cases was the home help resident.

Appendix II gives a table showing the number and type of cases assisted month by month throughout the year.

Appendix III gives the duration of all new cases dealt with during 1949.

Home helps employed by the Norfolk County Council during the year ended 31st December, 1949.



NOTE—This graph denotes the number of home helps actually in employment in each of the three categories, month by month throughout the year.

It does NOT take into account occasional home helps enrolled over and above the figure of 173 necessary for current cases in December. These additional occasionals, 50 in number, were available to meet the requirements of any future cases in their respective localities.

KEY

Full-time	— · — · —
Part-time	· · · · · · ·
Occasional	———

HOME HELP SERVICE.

Table showing the numbers and types of new cases dealt with each month throughout the period 1st January to 31st December, 1949.

Type of case.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Maternity ...	14	22	20	33	22	42	38	26	46	37	33	34	367
Children without Mother	2	2	—	4	2	3	3	1	—	3	—	—	20
Post-Operative Cases	2	—	2	1	4	2	5	2	4	3	—	1	26
Ordinary Sick ...	30	39	46	44	47	25	34	48	33	34	50	43	473
Old Age and Infirm	13	13	12	10	22	14	21	20	15	17	17	6	180
Blind	1	2	—	2	1	1	1	2	1	1	—	1	13
Totals	62	78	80	94	98	87	102	99	99	95	100	85	1079

HOME HELP SERVICE.

Summary of the duration of cases assisted during the period 1st January to 31st December, 1949.

Type of case.	Cases assisted up to Weeks. 1	2	3	4	Months. 2	3	4	5	6	7	8	9	10	11	12	Total cases assisted.
Maternity ...	39	191	85	37	17	—	—	—	—	—	—	—	—	—	—	369
Children without Mother	—	—	—	2	6	3	3	2	1	—	2	—	1.	1	—	21
Post-Operative Cases	1	3	2	1	8	4	4	1	—	1	1	—	—	—	—	26
Ordinary Sick ...	51	50	29	65	87	38	39	27	18	24	17	12	11	8	7	483
Old Age and Infirm	13	3	5	14	37	14	19	20	12	12	6	11	3	3	8	180
Blind	1	—	1	—	2	1	1	1	1	—	4	—	1	—	—	13
Totals	105	247	122	119	157	60	66	51	32	37	30	23	16	12	15	1092

Number of 1948 cases still being assisted in 1949	13
Total number of new cases assisted in 1949	1079

MENTAL HEALTH.

The first full year of the operation of the scheme under Sections 28 and 51 of the National Health Service Act, 1946, has seen considerable progress towards the co-ordination of the Council's domiciliary mental health functions in relation to the prevention of illness and the after-care of patients. These functions are carried out by the Mental Health Sub-Committee, which consists of fifteen members of the Health Committee, of whom at least eight are county councillors, the other members being chosen from representatives of the Norfolk Executive Council, the British Red Cross Society, the W.V.S. and the Rural District Councils' and Urban District Councils' Associations.

Meetings are held on the fourth Wednesday of each month and reports are received on the functioning of the mental health service generally, and on individual cases. The Sub-Committee reports to the main Health Committee on its work and makes recommendations on questions of policy and the development of new services.

ADMINISTRATIVE AND STAFF ARRANGEMENTS.

(a) Medical Staff.

The deputy county medical officer, Dr. W. R. Clayton Heslop, is in charge of the mental health section of the Public Health Department. Dr. Heslop has had very long experience in dealing with defective and handicapped children and with persons suffering from mental illness. He is freely available for consultation by the Council's medical and lay staff, the general practitioners, local welfare officers, health visitors, etc. The assistant county medical officer in each of the nine areas is responsible for the routine medical examination of mental defectives of school age who are under statutory supervision or attending occupation centres, to ensure that they have the same medical supervision as normal children receive through the school health service.

(b) Psychiatric Social Workers.

Miss C. M. Meyer, the Council's psychiatric social worker, continued to be concerned primarily with pre-care and after-care cases and, whilst she is designated as a "duly authorised officer," it has not been necessary for her to undertake any duties in this capacity. Although provision has been made on the staff establishment for the appointment of a second psychiatric social worker, this appointment has not yet been made.

(c) Local Welfare Officers—Duly Authorised Officers.

Seventeen local welfare officers are engaged in the service, and each of them is designated as a "duly authorised officer." These officers are mainly former relieving officers and are qualified by experience and, in some cases, by certificate in the work which they undertake in the mental health service. There are also two assistant officers.

(d) Occupation Centre Staff.

The establishment of two occupation centres in the county is referred to in the paragraph under community work. The staff consists of a supervisor, assistant supervisor and kitchen assistant at each centre. Provision has been made for the appointment of two trainees (one at each centre) and, at the end

of the year, arrangements for the appointment of these two officers were well in hand. It is proposed to appoint girls of about 18 years who intend to make occupation centre work their career.

Both the supervisors are qualified for their appointments, holding the Diploma of the National Association of Mental Health. One of the assistant supervisors has been an infant school teacher for many years, and the other has done orthopædic nursing and social work in voluntary organisations such as Girl Guides, etc.

CO-ORDINATION WITH REGIONAL HOSPITAL BOARD.

Close co-operation has been maintained with the medical superintendents of the two mental hospitals in the county and of the Little Plumstead Hall Mental Deficiency Colony with regard to the admission of patients, the care and after-care of persons suffering from mental illnesses, the keeping of records, the supervision of patients on licence or on leave and the determining of the best methods in which the two authorities can usefully serve each other's interests.

Considerable correspondence has taken place with the Senior Administrative Medical Officer of the East Anglian Regional Hospital Board on matters of general policy and individual case work, and the Council is again indebted to the Board for the ready co-operation of their medical and lay staff. The services of the medical superintendents of the hospitals and colony have been readily available and their advice and reports in various cases have been extremely valuable. The Council's psychiatric social worker and the local welfare officers (duly authorised officers) have continued to assist the medical superintendents of the hospitals and the mental deficiency colony in the matter of obtaining reports on home conditions, the supervision of patients at home "on trial" or "on leave," in home training for discharged patients, obtaining detailed social history reports following the admission of cases to hospital and follow-up reports when patients are on leave or discharged.

WORK WITH VOLUNTARY ASSOCIATIONS.

Whilst there is no voluntary association for mental health in the county, voluntary organisations are represented on the Mental Health Sub-Committee and have been and will be consulted on matters which arise. It has not been necessary to delegate any duties to voluntary organisations but a limited amount of assistance is being given by the British Red Cross Society in the matter of home training for certain mental defectives.

TRAINING OF MENTAL HEALTH WORKERS.

Apart from the locally arranged course for duly authorised officers which took place immediately prior to the 5th July, 1948, no further training has been given, although the Council will, no doubt, authorise officers to attend training courses arranged from time to time by the National Association for Mental Health or by the Universities. Conferences with the local welfare officers have been held during the year, at which questions affecting their duties have been discussed and papers given on particular aspects of mental

health work. The Council has approved a scheme whereby the trainees who are to be appointed to the staff at the occupation centres will, if found suitable, be granted leave in order to undertake an appropriate course of training. The Council will give financial aid during the period of training and, as a condition, will require them to remain in the Council's service for three years after the completion of the course. It is intended that these facilities shall also be available to the assistant supervisors.

WORK UNDERTAKEN IN THE COMMUNITY.

(a) Under Section 28 of The National Health Service Act, 1946.

The medical superintendents of the hospitals and the colony continue to request assistance from the Council's officers in the preparation of social case histories and the visitation of patients on leave and those discharged, with a view to their satisfactory resettlement in the community. The Council's officers have co-operated to the full, and it has been acknowledged by the hospital and colony staffs that their reports are of the greatest help. In April, the National Association of Mental Health closed its regional office at Cambridge and the remaining cases of ex-Service men being dealt with by the Association for after-care were transferred to the Council. The pre-care and after-care work in the county is shared between the social worker of St. Andrew's Hospital (employed by the Regional Hospital Board), the Council's psychiatric social worker and the local welfare officers (duly authorised officers), with visits by medical officers of the hospitals or of the Council whenever necessary. The visits, advice and assistance given to patients and former patients are of great value and, in some cases, have probably assisted in preventing a further mental breakdown and the necessity for in-patient treatment. In cases where unusual difficulties are presented, discussions take place with the medical superintendents and, quite frequently, arrangements are made for the cases to be seen on a domiciliary visit or at one of the hospital out-patient clinics. The hospital authorities are doing all they can to induce patients to seek early treatment and, with the Council's staff, encourage medical practitioners to refer cases to hospital at an early stage. The increase in the proportion of voluntary admissions to those admitted as certified cases continues to be very encouraging.

(b) Work Undertaken by Duly Authorised Officers under the Lunacy and Mental Treatment Acts, 1890—1930.

The closest possible liaison is maintained by the medical staffs of the mental hospitals and the local welfare officers (duly authorised officers), whose responsibility it is to arrange the certification of persons of unsound mind and their removal to mental hospitals. These officers also assist, wherever necessary, in making arrangements in connection with the provision of transport for persons seeking voluntary treatment and with the admission of temporary patients. The Council has, from the onset, adopted a policy which encourages the local welfare officers to assist medical practitioners and the public in every aspect of the mental health service, whether they have a statutory responsibility or not for the action required. In this way, the admission of patients under Section 1 of the Mental Treatment Act 1930, is much encouraged and the medical practitioners look to the welfare officers for guidance and advice as to the best method of dealing with patients.

(c) Under the Mental Deficiency Acts, 1913—1938.

(i) *Ascertainment.*

A large proportion of the new cases dealt with under the Mental Deficiency Acts is notified by the Education Committee under Section 57(3) or 57(5) of the Education Act, 1944, and such cases are dealt with by:—

(*a*) Placing under statutory supervision.

(*b*) Admission to appropriate institutions.

(*c*) Attendance at an occupation centre.

(*d*) Home training.

Some cases are not notified whilst at school and, when they come to notice, they are visited by Dr. Heslop and/or Dr. J. V. Morris, Medical Superintendent, Little Plumstead Colony, and reports are submitted to the Mental Health Sub-Committee with a view to ascertainment. The approximate rate of ascertainment in relation to the population of the county is shown in the statistical appendix. The difficulty which has faced this authority for some time in connection with obtaining vacancies in suitable institutions for mental defectives has not, so far, been solved in any way, and there is great concern at the inability of the Regional Hospital Board to allocate vacancies for desperately urgent cases. The Council has continued to press the Board on this matter and, in August, a conference took place when there was a free and frank discussion of the position on both sides and the Board's representatives gave details of their plans to meet the difficulties. It was felt that these plans were all of a somewhat long-term nature and that what was needed was a short term plan, immediately operative, to provide accommodation for the very urgent cases (particularly low grades) needing admission. There is, of course, no easy solution owing to the shortage of beds and the lack of building permitted during the war years, but at the present time there are 7 low grade cases in their own homes who are a potential danger to themselves and to the members of the family with whom they reside and who should be given vacancies in suitable institutions as a matter of extreme urgency. The complete waiting list now totals 77 and this list is further analysed in the statistical appendix. In many instances it is only possible to get cases into certified institutions either by the threat of Court proceedings or by actual appearance in Court. This is an unfortunate development which, owing to the present lack of accommodation, is forced upon local authorities and the Regional Hospital Board.

(ii) *Guardianship and Licence.*

(*a*) *Guardianship.*

Following the receipt of Ministry of Health Circular 177/48 the 25 guardianship cases resident in the county were reviewed and visits paid to the guardians and patients. As a result, the Council decided:—

(1) that the National Assistance Board should be asked to assume responsibility for maintenance grants in all the cases with two exceptions.

(2) that where there were exceptional needs and the Board could not meet those needs or where there were other special circumstances, the Council should continue to pay maintenance allowances.

(3) to consider each new case on its merits.

The National Assistance Board were most co-operative in this matter and took over responsibility for financial assistance in the 23 cases referred to them on the 6th March, 1949.

There are also 3 cases under the care of the Guardianship Society for whom the Council is responsible, and negotiations for the transfer of responsibility for financial allowances in these cases to the Board took somewhat longer, but all cases were eventually taken over, the Council continuing to be responsible for the payment of supervision fees.

The guardianship cases are visited at least once each quarter by the appropriate local welfare officer and a report submitted as to the home conditions and the general state of the case. Dr. Heslop pays at least one visit each year to each case and reviews the circumstances and the desirability of continuing the order, and also looks to the physical needs of the patient, referring to the patient's own medical practitioner whenever necessary.

(*b*) *Licence.*

At the request of the medical superintendent, the Council's officers visit a number of cases on licence from the Colony and submit reports to him. The medical superintendent advises the Council of every case sent on licence or leave and the local welfare officer for the area where the licensor lives is informed in order that any untoward development may be brought to light without delay. Before licence is granted, the local welfare officer visits the homes and reports are submitted as to conditions and the desirability or otherwise of granting leave or licence. An effort has been made through the local welfare officers to obtain suitable foster homes where high grade cases from the Colony can be licenced and adequately cared for. Many of these cases are able to earn their own living and, if public spirited people could be found to give them a home, this would create vacancies at the Colony for the reception of further cases who are urgently in need of training. Unfortunately, the efforts made have met with little success but they are continuing.

(iii) *Supervision.*

Visits to mental defectives under statutory supervision are paid by local welfare officers, who submit quarterly reports and recommendations for their welfare. Local welfare officers have done a great deal in obtaining suitable employment for cases notified under Section 57(5) of the Education Act, 1944, upon leaving school, and others have been supplied with recreational toys and materials. The psychiatric social worker regularly visits some of the female cases. The total number now under supervision in the county is 456 (260 male, 196 female).

(iv) *Training—Occupation Centres.*

During the year, the two occupation centres at Sprowston and King's Lynn were opened, the Sprowston centre in May and the King's Lynn centre in September. At the commencement, twelve to fourteen children were accepted into each centre and these figures will be gradually built up until the maximum of twenty-five children is reached. From the reports received from the supervisors and the parents of the children, there is no doubt whatever that those children who are attending the centres have improved greatly, particularly in such matters as personal hygiene, appearance and general

behaviour. Hot lunches are supplied through the school meals service, and are conveyed to the centres in thermos containers. The parents pay to the Council the same charges for these meals as the parents of children who are attending schools under the Education Committee. Immediately prior to the end of the year, an "Open Day" was held at both centres. Parents of the children, other friends and officials were invited and all were very much impressed with the work carried out. Children who live in the county area adjacent to Great Yarmouth, attend the occupation centre at Great Yarmouth by arrangement with that authority and payment is made at the rate of £50 per annum for each child, plus the necessary fees for school meals and travelling, subject to the usual recovery from the parents in respect of meals supplied. Prior to the opening of the Sprowston and King's Lynn centres, a certain amount of home training was undertaken by the supervisors and small groups of children met weekly at King's Lynn and Downham Market. By this means, the supervisors established a good relationship with the parents and children.

(v) *Training—Home Training.*

The scheme inaugurated during 1948 was continued during the year, whereby a small number of suitable cases under statutory supervision was given some home training by a qualified instructor of the British Red Cross Society, with follow-up visits paid by pupil instructors. It has been found, however, that the visitation is not frequent enough in a rural county to benefit the defectives and, consequently, the system cannot be said to be entirely satisfactory. The question of the appointment of qualified home teachers by the Council was considered at the end of the year, but a decision was deferred for six months. When such appointments can be made, it is proposed to institute a system of group training of a number of suitable children at specified points in the county on one or two days each week. Whilst this method will not be equivalent to attendance at an occupation centre, it is felt that it will give each child some sense of belonging to the community and will do much to break down the isolation which so frequently follows the exclusion from school.

AMBULANCE SERVICE.

The duly authorised officers are empowered to hire suitable cars, whenever necessary, for the removal of mental patients or mental defectives. These officers are also recognised as being able to call for the use of ambulances as necessary and, in this connection, no difficulties whatever have arisen. The voluntary organisations running the Hospital Car Service have reserved the right to refuse to convey mental patients, and it is for this reason that full authority has been given to the duly authorised officers to hire vehicles whenever necessary, and also to employ such assistance as they require in the removal of mental patients. The question of the provision of suitable attendants for mental patients often presents difficulty, and the issue by the Ministry of Health of Circular RHB (49) 139, permitting Hospital Management Committees to allow Local Authorities the use of trained staff from mental hospitals to accompany patients, was very welcome. Contact was immediately made with the medical superintendents of the two mental hospitals situate in the county, and their full co-operation was forthcoming.

APPENDIX.

MENTAL HEALTH STATISTICS at 31st December, 1949.

(For the purpose of comparison the figures at 31st December, 1948, are shown in brackets).

1. **Mental Patients.**

(a) *Admissions during the year.*

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	56(*50*)	90(*74*)	188(*135*)	204(*153*)	1(*2*)	5(*8*)	245(*187*)	299(*235*)
Hellesdon Hospital ...	5(*10*)	8(*15*)	9 (*2*)	18 (*12*)	–(–)	–(–)	14 (*12*)	26 (*27*)
Other hospitals ...	– (–)	– (*1*)	– (–)	– (–)	–(–)	–(–)	– (–)	– (*1*)
Totals	61(*60*)	98(*90*)	197(*137*)	222(*165*)	1(*2*)	5(*8*)	259(*199*)	325(*263*)

Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe	50 (*52*)	34 (*29*)
TOTAL OF ADMISSIONS	309(*251*)	359(*292*)
OVERALL TOTAL	668(*543*)	

(b) *Number of discharged patients subject to after-care* ... 188(*54*)

(c) *In-patients.*

(i) In hospitals.

Name of hospital.	Norfolk patients.							
	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	380(*333*)	561(*565*)	130(*115*)	159(*141*)	–(–)	1(*2*)	510(*448*)	721(*708*)
Hellesdon Hospital ...	22 (*25*)	41 (*42*)	5 (*4*)	6 (*7*)	–(–)	–(–)	27 (*29*)	47 (*49*)
Other hospitals ...	– (*1*)	– (*7*)	– (–)	– (*4*)	–(–)	–(–)	– (*1*)	– (*11*)
Totals	402(*359*)	602(*614*)	135(*119*)	165(*152*)	–(–)	1(*2*)	537(*478*)	768(*768*)

TOTAL	1305(*1246*)

(ii) In former public assistance institutions (Section 24 cases).

Name of establishment.	Male.	Female.	Total.
The Vale Hospital, Swainsthorpe ...	12(*13*)	12(*14*)	24(*27*)
St. James' Hospital, King's Lynn ...	2 (*1*)	—(—)	2 (*1*)
Howdale Home, Downham Market ...	4 (*4*)	8 (*8*)	12(*12*)
Hill House, Pulham Market	— (*1*)	2 (*2*)	2 (*3*)
Beech House, Gressenhall	1 (*1*)	3 (*3*)	4 (*4*)
Beckham House, Gresham	—(—)	1 (*1*)	1 (*1*)
Totals ...	19(*20*)	26(*28*)	45(*48*)

(iii) Senile dementia cases (uncertified) in the Vale Hospital, Swainsthorpe 138(*117*)

TOTAL mental patients in hospitals in the county—(c) (i) (ii) (iii) 1488(*1411*)

Rate per thousand based on Registrar-General's estimate of population of the county—June, 1949—353,150 = 4,21(*4.04*)

2. Mental Defectives.

(a) *Number of new cases reported during the year.*

	Male.	Female.	Total.
(i) Notified by Education Committee under Section 57(3) of Education Act, 1944	8(*17*)	14(*10*)	22 (*27*)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944	13 (*4*)	12 (*9*)	25 (*13*)
(iii) Other cases reported and ascertained as mental defectives ...	16(*42*)	18(*73*)	34(*115*)
Totals ...	37(*63*)	44(*92*)	81(*155*)

(b) *Certified cases admitted to institutions during the year.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Colony	3(*23*)	6 (*9*)	9(*32*)
Heckingham Institution	— (*7*)	3(*10*)	3(*17*)
Others	5(—)	4(—)	9(—)
Totals ...	8(*30*)	13(*19*)	21(*49*)

(c) *Certified cases in institutions.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Colony	194(*157*)	199(*180*)	393(*337*)
Heckingham Institution	54 (*55*)	138(*127*)	192(*182*)
Beckham House County Home ...	8 (*10*)	— (—)	8 (*10*)
Pulham Market County Home ...	— (—)	20 (*20*)	20 (*20*)
Eaton Grange, Norwich	— (—)	23 (*23*)	23 (*23*)
Others	12 (*6*)	3 (*2*)	15 (*8*)
Totals ...	268(*228*)	383(*352*)	651(*580*)

	Male.	Female.	Total.
(d) *Ascertained but uncertified cases in former public assistance institutions*	50(*37*)	56(*48*)	106(*85*)

(e) *Cases in community.*

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	69 (*86*)	50 (*51*)	119(*137*)
(ii) 16 years of age and over ...	191(*157*)	146(*151*)	337(*308*)
Totals ...	260(*243*)	196(*202*)	456(*445*)
Number of cases under friendly supervision	4 (*6*)	7 (*4*)	11 (*10*)
Number of cases under guardianship ...	9 (*10*)	18 (*18*)	27 (*28*)
Number of cases reported but not yet dealt with	3 (*7*)	4 (*6*)	7 (*13*)
GRAND TOTALS ...	276(*266*)	225(*230*)	501(*496*)

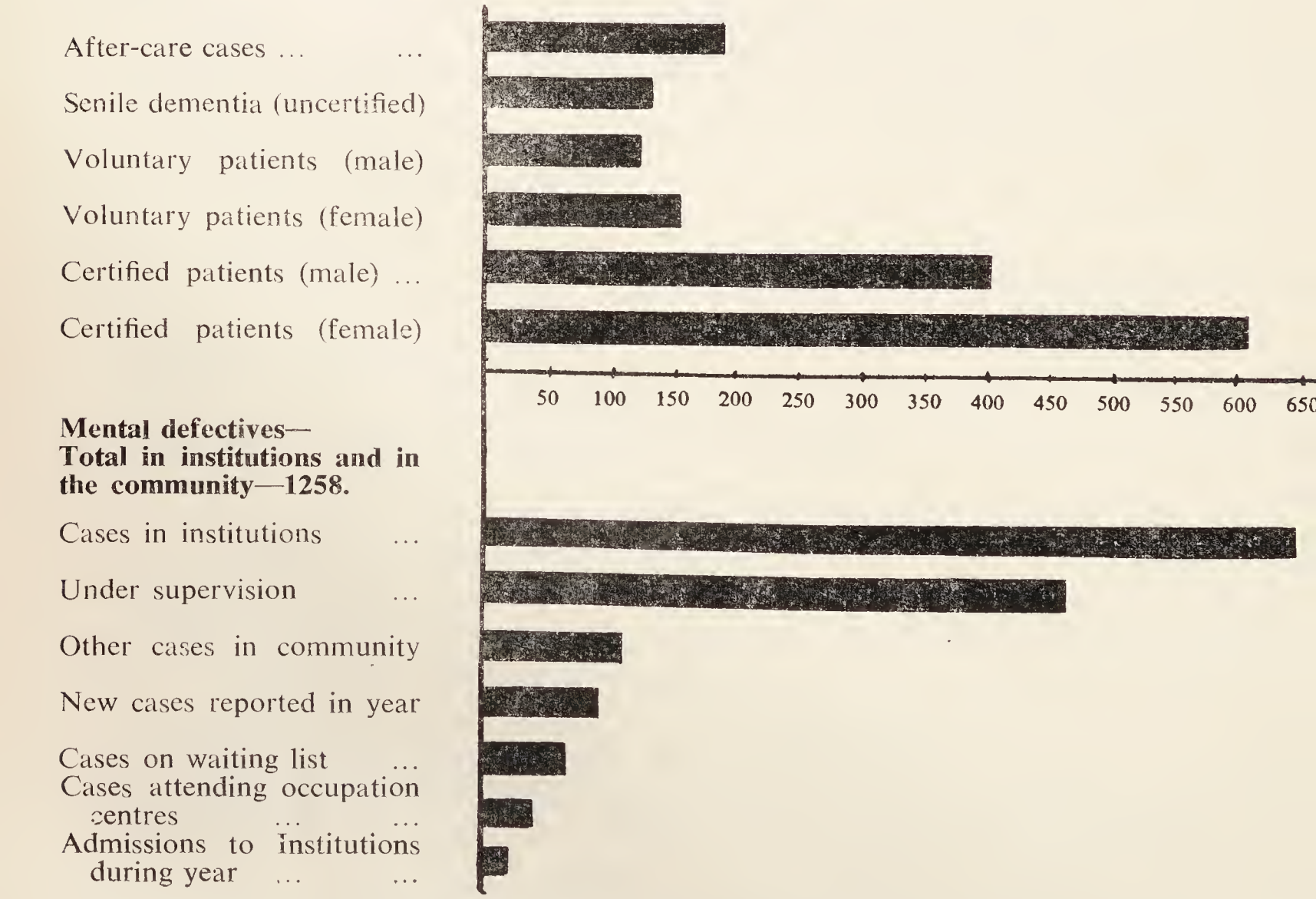
Total cases in the county—(c) (d) and (e) 1258(1161)

Rate per thousand based on Registrar-General's estimate of population of the county—June, 1949—353,150=3.56(*3.47*)

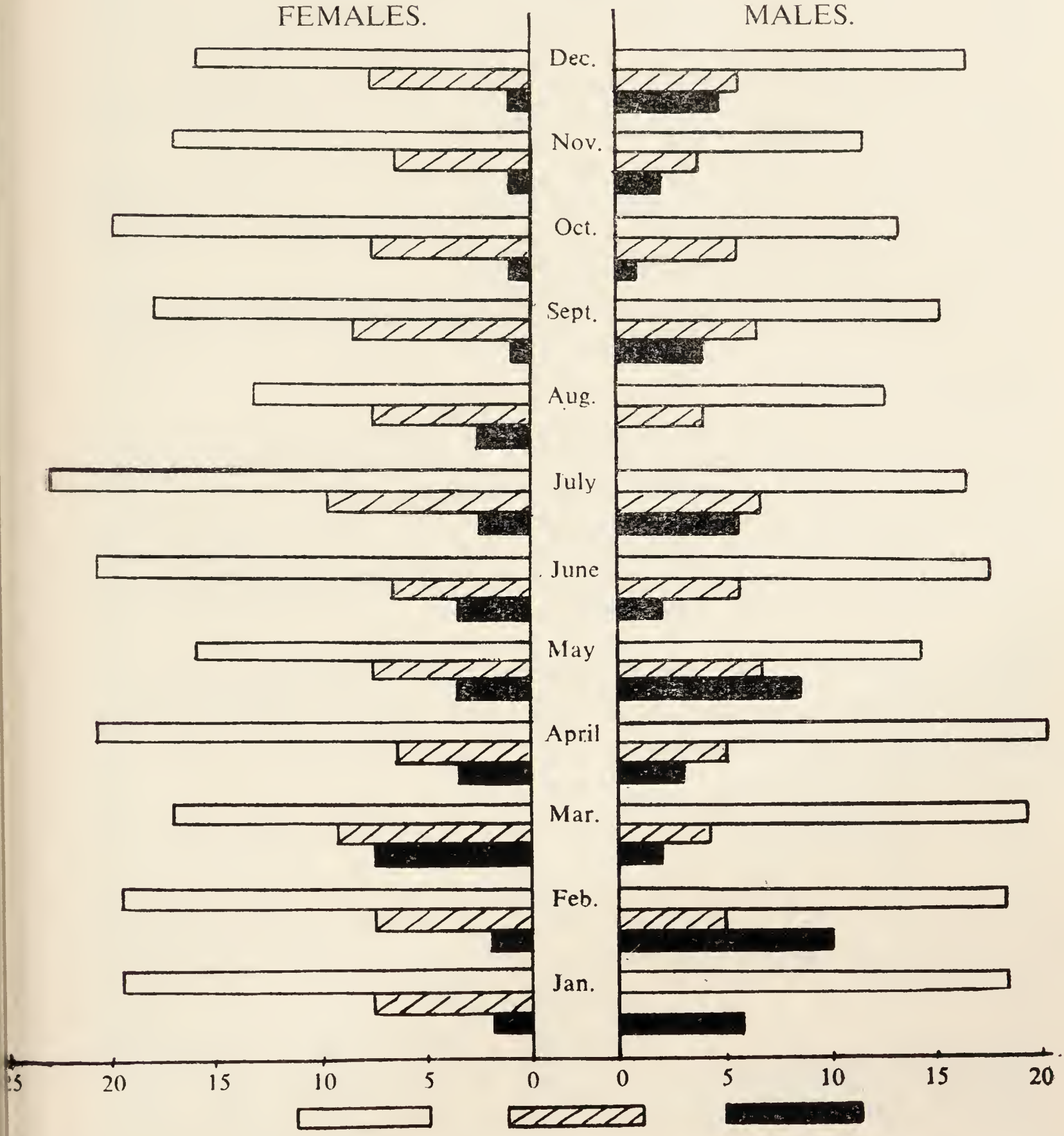
(f) *Number of mental defectives on waiting list for admission to an institution.*

	Male.	Female.	Total.
URGENT CASES.			
Idiots	7	5	12
Imbeciles	8	5	13
Feeble-minded ...	4	3	7
NOT URGENT.			
Idiots	2	3	5
Imbeciles	11	6	17
Feeble-minded ...	17	6	23
	49	28	77

GRAPH SHOWING RELATIVE STATE AND TYPE OF MENTAL HEALTH CASES IN THE COUNTY.



ADMISSIONS TO MENTAL HOSPITALS DURING 1949.



FEMALES.			MALES.		
Certified Admissions	...	98	Certified Admissions	...	61
Voluntary Admissions	...	222	Voluntary Admissions	...	197
Uncertified Senile Dementia		34	Uncertified Senile Dementia		50

ORTHOPÆDIC TREATMENT SCHEME.

Although the treatment of persons suffering from orthopædic defects became the responsibility of the Regional Hospital Board on the 5th July, 1948, no decision was made as to where the dividing line was to be drawn. The Council, therefore, continued to administer the entire scheme.

Under the National Health Service Act, Melton Lodge Orthopædic Home became a transferred hospital and was taken over by the Regional Hospital Board on the 1st April.

The situation with regard to the waiting lists of patients requiring operative treatment at the Norfolk and Norwich and Jenny Lind Hospitals showed no sign of easing, although in very urgent cases the co-operation of the hospital authorities was always forthcoming.

The register of cases again showed an increase, there being 5270 patients on the register at the end of the year, compared with 4502 at the beginning.

ASCERTAINMENT.

This proceeded along the same lines as in the past, whereby cases were referred for examination by assistant county medical officers following school medical inspections, by medical officers of infant welfare centres, general practitioners, hospitals, school nurses, health visitors, district nurses and midwives. During the year, the names of 1570 persons were added to the register, consisting of 423 children under school age, 969 school children, 20 tuberculous cases and 158 other adults.

CLINICS HELD BY THE ORTHOPÆDIC SURGEONS.

The following table gives details of the work carried out by the surgeons at these clinics during the year:—

(a) No. of Clinics Held.

Norwich	51
King's Lynn	11
Total	62

(b) Details of Cases Seen.

	School age.	Under school age.	T.B.	Others.	Total.
Jenny Lind Hospital	283	253	17	3	556
Norfolk and Norwich Hospital ...	179	8	112	266	565
King's Lynn Hospital ...	281	137	87	169	674
Total	743	398	216	438	1795
New cases	213	127	17	132	489
Old cases	530	271	199	306	1306

HOSPITAL TREATMENT.

227 cases received in-patient treatment during the year. These patients were in hospital for a total of 11,869 days, an approximate average of 33 beds occupied daily throughout the year.

CASES ON THE REGISTER.

The following table indicates the state of the register at the end of the year:—

	School age.	Under school age.	T.B.	Others.	Total.
Flat feet and valgus ankles ...	1189	127	—	187	1503
Claw feet	76	17	—	43	136
Hammer toes	21	4	—	17	42
Hallux valgus	92	1	—	51	144
Other toe deformities ...	63	23	—	22	108
Pigeon toes	55	41	—	—	96
Knock knees	901	340	—	12	1253
Bow legs	77	61	—	—	138
Arthritis	11	—	—	37	48
Congenital deformities:—					
Hip	25	17	—	17	59
Feet	72	67	—	36	175
Hand	5	4	—	1	10
Toes	7	6	—	—	13
Arm	4	1	—	—	5
Legs	5	5	—	3	13
Others	4	2	—	—	6
Poliomyelitis	62	21	—	67	150
Spastic paralysis	51	13	—	26	90
Muscular dystrophy and atrophy	5	—	—	1	6
Erb's paralysis	4	8	—	—	12
Other paralysis	5	—	—	17	22
Spinal deformities	231	11	86	124	452
Round shoulders	72	—	—	3	75
Hip disease (not congenital) ...	14	3	37	9	63
Wry neck	59	29	—	3	91
Chest	92	1	—	5	98
Spina bifida	6	3	—	—	9
Osteomyelitis	21	2	—	20	43
Amputations	7	—	—	24	31
Old injuries	28	—	—	16	44
Multiple deformities ...	5	2	—	4	11
Miscellaneous	39	28	2	22	91
Posture	151	—	—	21	172
Rickets	8	2	—	—	10
Tuberculous defects:—					
Knee	—	—	15	—	15
Wrist	—	—	6	—	6
Shoulder	—	—	6	—	6
Sternum	—	—	—	—	—
Sacro iliac joint	—	—	5	—	5
Elbow	—	—	5	—	5
Feet	—	—	1	—	1
Fingers	—	—	2	—	2
Multiple	—	—	7	—	7
Ankle	—	—	4	—	4
Pelvis	—	—	—	—	—
Total	3467	839	176	788	5270

SERVICES OF THE ORTHOPÆDIC PHYSIOTHERAPISTS.

The number of physiotherapists employed during the year varied, as there were several changes in staff. Generally speaking, however, there were one part-time and three full-time physiotherapists in the service of the Council during most of the year.

In addition to attending the surgeon's clinics, the physiotherapists carried out home visits, examined children at schools and conducted treatment clinics. The latter method of providing physiotherapy was found to be most efficient and every effort was made to arrange as many clinics as possible in different parts of the county.

The scheme for the treatment of children suffering from cerebral palsy was further extended and in this connection Miss M. H. Wyer attended a six weeks' course at the Cerebral Palsy Research Unit, Queen Mary's Hospital, Carshalton Beeches, Surrey, in March and April. Children needing advice were sent periodically to the clinic at the Lambeth Hospital and any treatment recommended was carried out regularly by the physiotherapists. At the end of the year, 22 children suffering from a severe degree of palsy were being treated weekly and a number of others, not so severely affected, at less frequent intervals.

The Home Handicraft Scheme continued on the same lines as before, with Miss Wyer, who is qualified as an occupational therapist, advising where necessary. Miss Wyer made 57 visits during the year in this connection. The main occupations were leatherwork, embroidery, glove making and stool frame seating, and, as the scheme was on a self-supporting basis, participation was restricted to those patients who could produce a saleable article. The scheme proved particularly valuable to patients suffering from paralysis following poliomyelitis.

Details of the work carried out by the physiotherapists during the year are given below:—

(a) CLINICS.

Clinic.	No. of sessions.	No. of examinations. School age.	Under school age.	T.B.	Others.	Total.
Aldborough ...	2	19	6	4	7	36
Attleborough ...	3	32	17	2	3	54
Aylsham	3	37	10	4	14	65
Caister	2	29	17	5	4	55
Costessey ...	2	27	13	3	1	44
Cromer	49	153	123	7	31	314
Dereham	7	79	55	11	16	161
Diss	3	31	21	2	5	59
Downham Market ...	2	38	23	6	6	73
Fakenham ...	25	222	117	21	43	403
Harleston	3	32	27	—	6	65
Heacham ...	6	77	47	11	4	139
Holt	5	81	62	3	2	148
King's Lynn ...	143	750	711	72	415	1948

Clinic.	No. of sessions.	No. of examinations: School age.	Under school age.	T.B.	Others.	Total.
Methwold ...	2	31	14	3	3	51
North Walsham ...	50	161	80	27	22	290
Norwich	73	623	503	47	77	1250
Reepham	4	47	42	11	3	103
Stalham	3	42	39	9	12	102
Swaffham	3	57	21	7	5	90
Terrington St. John	1	27	12	—	—	39
Thetford	2	43	15	2	—	60
Upwell	1	19	11	—	—	30
Watton	3	51	31	7	4	93
Wells	5	50	25	4	8	87
Wymondham ...	4	61	41	2	2	106
Total ...	406	2819	2083	270	693	5865

(b) VISITS TO SCHOOLS AND HOMES.

	No. of sessions.	No. of examinations: School age.	Under school age.	T.B.	Others.	Total.
Number of visits paid to schools for examination of pupils ...	92	930	—	—	—	930
Number of domiciliary visits	—	1273	1999	672	223	4167
Total number of examations and treatments	—	5022	4082	942	916	10962

SURGICAL APPLIANCES.

Orders for appliances, surgical footwear, and for adaptation of footwear were issued during the year as follows:—

School age.	Under school age.	T.B.	Others.	Total.
327	311	61	132	831

All appliances were supplied through the Ministry of Pensions under the National Health Service. There was no charge against the County Council.

SERVICES PROVIDED UNDER SECTIONS 29 AND 30 OF THE NATIONAL ASSISTANCE ACT, 1948.

The Council's proposals for services to be provided under Sections 29 and 30 of the National Assistance Act, 1948, submitted to the Ministry of Health in October, 1948, were approved by the Minister early in 1949. The Health Committee is responsible to the County Council for the provision of

welfare services for the various classes of physically handicapped persons mentioned in Section 29 of the Act. The proposals gave full details of the scheme to be operated in respect of the blind and the partially sighted and gave notice of the Council's intention to continue the survey of the needs of the county in relation to other classes of handicapped persons.

The scheme for the welfare of the blind and partially sighted has been in operation throughout the year and the preliminary survey of the deaf, dumb, hard of hearing, crippled and other types of physically handicapped persons is proceeding. No indication has so far been received from the Minister as to the nature of these proposals or when schemes are to be prepared for these classes of handicapped persons.

WELFARE OF THE BLIND.

Previous annual reports dealing with welfare services for the blind have related to the year ended 31st March, the period for which a statistical return is sent to the Southern Regional Association for the Blind for submission to the Ministry of Health. However, this year, to ensure uniformity throughout the report, this practice has been discontinued and the information below shows the position as at 31st December, 1949, and the work carried out during the year.

(a) Registration.

148 persons were examined, to ascertain whether or not they were blind within the meaning of the Blind Persons' Act, 1938, by ophthalmologists at Norwich, King's Lynn and Great Yarmouth or, in the case of persons unfit to travel, by special visits of members of the Council's medical staff. Of these 148 cases, 119 were certified as being blind and registered accordingly (88 were over 70 years of age).

Both the number of persons examined and the number certified and registered show a marked increase over previous years. 90 cases were examined and 69 certified in 1947, while the figures for 1948 were 100 and 83 respectively. In this connection it is interesting to note that an increasing number of suspected cases of blindness are being referred to the Council by the officers of the National Assistance Board. The Board pays a special scale allowance to blind recipients of National Assistance Benefit. At 31st December, 1949, there were in the county 718 registered blind persons (356 male and 362 female), an increase of 49 since the last report:—

Age Group.	Males.	Females.	Total.
1— 4	—	1	1
5—15	6	6	12
16—20	3	6	9
21—39	22	24	46
40—49	28	22	50
50—64	91	59	150
65—69	35	46	81
70 and over ...	171	198	369
	356	362	718

27% (24%) of those on the register *did not become* blind until they were over 70 years of age, 15% (16%) between the ages of 60 and 69 and 15% (16%) between 50 and 59, while 8% (8%) were blind in infancy. Therefore it will be seen that only 35% of the cases on the register became blind between the ages of 1 and 49. (Figures in brackets relate to the percentages at 31st March, 1949.)

The wider field of social work makes ascertainment more complete and doubtless has an important bearing upon the increase in the numbers on the register. The tendency for persons to live longer also reflects upon the numbers on the register as more than 50% of all persons on the register are 70 years of age and over.

(b) TRAINING.

The Education Committee has a statutory duty to provide education for blind children in special day or residential schools and has powers to give assistance to students at colleges and training courses approved by the Ministry of Education. In addition, the Ministry of Labour arranges training for adults under the provisions of the Disabled Persons (Employment) Act 1944. Cases suitable for such training are referred to the Ministry of Labour.

At the end of the year, 7 children were being educated at the East Anglian Blind School, Gorleston, and 2 at the Royal Normal College, Wroughton Park, through arrangements made by the Education Committee, while 6 blind persons were receiving training throughout the Ministry of Labour scheme, 4 at the Norwich Institution for the Blind, 1 at Bridgnorth and 1 at Letchworth.

(c) EMPLOYMENT.

(i) *Home Workers.*

No changes have been made in the administration of the Home Workers' Scheme and the scale of augmentation remains as given in the 1948 report. At the end of the year there were 5 workers under the scheme as compared with 6 the previous year, one (a piano tuner) having given up his occupation following the death of his wife who had acted as guide and car driver. Three women (one of whom also keeps a small shop for the sale of knitted wear and knitting wool), were engaged on machine knitting. One man is a chair caner and general shopkeeper and the other is a basket maker.

(ii) *Workshop Employment.*

The County Council has arranged to pay augmentation of wages in respect of Norfolk blind persons employed in the workshops at the Norwich Institution for the Blind. The general conditions of employment and the basis of remuneration, including the minimum wage, are laid down by the Eastern District Council for Local Authorities' Non-Trading Services. 14 blind persons on the register were employed at the institution at the end of the year, 5 women (all machine knitters) and 9 men (4 basket workers, 4 brush makers and 1 gardener).

(iii) *Other Employment.*

In addition to the 19 mentioned in (i) and (ii) above, 28 other blind persons were in employment at the end of the year:—

Engaged in sighted industry	3
Poultry keepers	7
Ministers of religion	3
Piano tuner	1
Labourer	1
Basket workers	2
Farm workers	3
Telephone operators	2
Masseur	1
Other occupations	5

1 person was trained but unemployed at the end of the year, while a further 9 had received no training but were trainable. 642 (303 men and 339 women) were considered to be unemployable mainly due to age.

(d) Home Teaching and Visiting.

The 4 whole-time home teachers, possessing the certificate of the College of Teachers for the Blind, have remained in the employ of the Council throughout the year. The demands upon their services are many and varied and upon their efficiency and enthusiasm depends almost entirely the success or otherwise of the scheme. The many letters of gratitude received at this office are evidence of the smooth running of this welfare service.

The home teachers make preliminary enquiries into all cases referred as being possibly blind within the meaning of the Act, advise certified persons of financial assistance available (often completing the necessary forms) and check at regular intervals that any changes in circumstances have not resulted in loss of income from the National Assistance Board. They give instruction in the reading of Braille and Moon types of embossed literature and encourage the unemployable blind to undertake pastime handicrafts, the home teachers giving the necessary instruction, preparing much of the raw material and even assisting in the sale of finished articles where there is no local sale.

The necessary raw materials are made available to the pastime workers at cost price by the Council for the following handicrafts:—rug-making, plastics, chair caning, string bag making, dish cloth knitting and leather work.

A large number of the men are interested in gardening and, in conjunction with other horticultural bodies, a show was staged in Norwich in August, 1949. The number and quality of the entries was very gratifying and attracted much notice from the public who attended. The home teachers did much to encourage the exhibitors to take part and also did an enormous amount of work in arranging and organising the exhibits. So successful was this show that a further one has already been arranged for 1950, when it is hoped that even more of the blind gardeners will take part.

The home teachers also act as almoners to the various charitable pension funds for Norfolk beneficiaries.

8113 visits were paid by the home teachers during the year, an increase of 1693 over the previous year.

(e) General Welfare.

In past years the Council purchased 7 invalid chairs for loan to necessitous cases. 6 of these chairs have been in continuous use throughout the year and one was returned to store on the death of the user.

Wireless sets provided from the "Wireless for the Blind" Fund have been distributed and installed as in the past. These sets are very much appreciated by the blind and, fortunately, sets have been available with little delay for issue to new applicants. Many of the sets in use are, however, very old and require a great deal of maintenance. The extension of electricity supplies to rural districts has also created a demand for replacement of battery sets with their rather expensive accessories by all-mains receivers. It is therefore hoped that a rather larger allocation than usual of new sets will be supplied during the coming year to meet demands and enable necessary replacements to be made. In necessitous cases, new accumulators or batteries have been supplied when specially recommended by the home teachers. 282 sets supplied through the "Wireless for the Blind" Fund are in use in the county. All these cases, together with blind persons owning their own sets, have been supplied with the necessary certificate to enable them to obtain wireless licences free of charge.

Arrangements have been made for a limited number of blind persons with guides, to spend holidays at the Isle of Ely Holiday Home for the Blind, Hunstanton. Such cases are selected by the home teachers.

A sum of money is allocated annually from the charitable funds of the Norwich Institution for the Blind. This money provides a small Christmas box for the more necessitous cases on the register and other extra comforts in cases of special need which cannot normally be provided by the Council.

(f) Social Centres.

Social Centres are held monthly at Fakenham, Diss, North Walsham and King's Lynn. These centres are provided through charitable funds provided by the Norwich Institution for the Blind, augmented in some cases by sums of money raised by interested persons locally by means of dances, whist drives, etc. These centres serve areas as wide as possible and are situated in towns which are served reasonably well by bus and train services. Valuable assistance is also rendered by members of the Women's Voluntary Services, the British Red Cross Society and the North Walsham and Diss Rotary Clubs, in arranging for the transport of persons to and from the centres where public transport is not available and also in providing voluntary helpers. The centres are organised by the home teachers and are very much appreciated by all those who are able to attend. An outing to the seaside is arranged from each centre in lieu of a normal meeting in the summer.

In November a small group attended at the house of one of the blind living in Sheringham. As a result, the group decided that they would continue to meet fortnightly for a social afternoon combined with a handicraft class, and the Norwich Institution has made a small grant to provide light refreshments at these gatherings.

WELFARE OF THE PARTIALLY SIGHTED.

Cases are quite frequently referred as being possibly "blind within the meaning of the Act," but on examination are found to have a greater degree of vision than would justify their certification as blind persons, although it is quite likely that vision will deteriorate in the course of a few years. Such cases are entered in the Register of Partially Sighted in the "Prevention"

Section. The home teachers visit these persons at intervals of 4 to 6 months to check that vision has not deteriorated and to render any assistance possible. In cases where the prognosis is very poor, instruction can be given in the reading of embossed literature. There were 75 names on this register at the beginning of the year and 23 new cases were added during the year. 4 cases were certified and transferred to the blind register, 5 persons died and 1 removed from the county, leaving 88 on the register at the end of the year.

Operative or other treatment sometimes results in certified cases regaining sufficient vision to justify their removal from the blind register. Such cases are entered in the "Supplementary" Section of the partially sighted register, and also receive visits on 2 or 3 occasions a year to ensure that there is no deterioration of vision or any assistance required. There were 38 cases on this register at the beginning of the year and 2 cases were added from the blind register during the year. 3 cases were re-admitted to the blind register and 1 died, leaving 36 cases on the register at the end of the year.

WELFARE OF THE DEAF.

Preliminary investigations have been made into the problem of providing welfare services for the deaf. A register of cases has been compiled in 3 categories:—

Deaf (368), Deaf Mutes (122), and Hard of Hearing (606). No approach has, however, been made to any of these persons as to their wishes or needs. The problem may be divided into two parts—welfare of the deaf and deaf mutes, and welfare of the hard of hearing.

(i) *Deaf and Deaf Mutes.*

Welfare facilities for these types of cases are already available through the Deaf and Dumb (Norfolk and Norwich) Welfare Association, which, in turn, is affiliated to the National Institute of the Deaf. These facilities are, however, very limited owing to the lack of funds for extension of activities by the Deaf and Dumb Welfare Association, and are confined almost entirely to spiritual needs, through the Missioner, for areas of the county remote from Norwich. Those on the fringes of Norwich are able to attend at the Social Centre which has been established in the city for many years.

Exploratory discussions have taken place between representatives of the County Council and the Norfolk and Norwich Deaf and Dumb Welfare Association and the voluntary organisation is prepared to help with the problem in every way possible, aided by annual grants from the authority. Conversation with the deaf and deaf mutes is by means of the visual and sign languages and considerable difficulty is anticipated in obtaining the necessary instruction to make our welfare visitors familiar with the signs.

(ii) *Hard of Hearing.*

This type of person presents an entirely different problem to that of the other category. Many of this class can be assisted materially by the provision of hearing aids and such cases are referred to hearing aid clinics by their own doctors. Lip reading is, however, very important to this type of case whether or not hearing aids are being used. This is particularly stressed by the British Association of the Hard of Hearing, affiliated to the National Institute of the Deaf, and a discussion with a representative from this Association took place during the year. Lip reading instructors are very rare and enquiries have failed to reveal any course which can be regarded as convenient or suitable for training members of the Council's present staff in this important aspect of welfare for the hard of hearing.

Another difficulty encountered in connection with this class is the absence of any suitable standard whereby a person may or may not be regarded as hard of hearing. A consultant aural surgeon has been approached regarding this question, but so far no suitable standard test can be defined.

A committee has been set up by the Ministry of Health to look into the problems of the welfare of the handicapped, other than blind, and instructions and guidance have been promised, based on the findings of this Committee. This body is still meeting and no proposals for the welfare of the handicapped, other than the blind, will be considered for approval by the Minister at present.

WELFARE OF OTHER CLASSES OF HANDICAPPED PERSONS.

The orthopædic register contains the names of almost all cripples who would be included in this category. Pending instructions from the Ministry, no further steps can be considered in respect of these persons.

Any cases of other handicapped persons are being listed as they come to notice, but no serious attempt has been made to survey the county as to the needs of these miscellaneous types.

The few brief remarks under the last two headings will give some idea of the nature of the extensions to welfare services that local authorities may be called upon to make in the very near future and of the numerous problems which will have to be tackled. It is obvious that the voluntary organisations will be able to give valuable assistance with these welfare services, working within the general framework of the complete scheme. The goodwill of these organisations has been a feature of our present services and there would appear to be no reason whatsoever why the amicable relations which have been established should not be extended to meet these future needs.

GENERAL WELFARE.

A large rural county is always confronted with a problem when considering the best means by which full services can be provided for the community, whilst at the same time avoiding excessive mileage, duplication of visitation and overlapping of duties by numerous officials. In order to provide such a complete but economical service, the "all-purpose" local field officer, backed up, where necessary, by the specialist officer, is probably the best answer to the problem and this method was decided upon in this county when the new social legislation came into operation in 1948.

It was decided to appoint at least two such officers in each local health area with a variety of duties under the National Health Service Act, 1946, the National Assistance Act, 1948, and the Children Act, 1948, in addition to those of "duly authorised officer" under the Lunacy, Mental Treatment and Mental Deficiency Acts, for which purpose they are available on a twenty-four hour basis. The 17 officers and 2 assistants who were appointed in July, 1948, are all known as "Local Welfare Officers" and are on the establishment of the Public Health Department. Their duties, apart from mental health work, include the handling of applications received for assistance under the Council's various schemes, the removal of Part III and Children Act cases, the protection of property and the recovery of contributions. They are also readily available to the public for the purpose of giving advice on the social services available, and the Council has established contact points in the market towns and larger villages, which the local welfare officers attend at fixed days and times each week. They also pay domiciliary visits where the person needing advice finds it difficult to attend at the local health office or

at a contact point. In this respect, the Council can be said to provide a rural information service. The officers have been called upon very extensively by the public and a return prepared in July, 1949, showed that, in twelve months, 1440 callers had been dealt with at the contact points, in addition to callers at local health offices and domiciliary visits. The enquiries ranged over all the social services, but the majority were in respect of National Health and National Insurance problems.

During the year, the local welfare officers have played a considerable part in assisting the County Old People's Welfare Committee in the organisation and setting up of Old People's Clubs in the county, and it is interesting to note that in Norfolk there were at the end of 1949 over 40 Old People's Clubs in existence. These clubs, with the associated work for the aged, undoubtedly play a large part in the well-being of our old folk, and the clubs are a means of establishing and maintaining contact so that they may derive the greatest benefit from the available social services.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

NOTIFICATIONS.

The following table gives details of notifications of infectious diseases received from the whole of the administrative county. The number of deaths from certain of the diseases is also shown:—

Disease.	No. of cases notified.	Deaths as given by Registrar-General.
Diphtheria	5	—
Scarlet fever	399	—
Erysipelas	58	Not given
Puerperal pyrexia	14	1
Measles	2143	2
Whooping cough	512	1
Chickenpox	345	Not given
Ophthalmia neonatorum ...	8	Not given
Dysentery	37	Not given
Typhoid or enteric fever ...	1	—
Paratyphoid fever	3	—
Pneumonia	322	138
Tuberculosis (Pulmonary) ...	187	100
Tuberculosis (Non-Pulmonary)	86	13
Cerebro-spinal fever ...	4	1
Polioencephalitis	1	3
Poliomyelitis	59	
Encephalitis lethargica ...	—	Not given
Acute infective encephalitis ...	—	1
Infective jaundice	281	Not given
Malaria	3	Not given
Smallpox	—	Not given
Food poisoning	25	Not given
Undulant fever	1	Not given
Gastro enteritis	1	Not given
Total	4495	

ANTERIOR POLIOMYELITIS.

During the year, Norfolk, in common with the rest of the country, suffered from a severe recrudescence of anterior poliomyelitis.

The 1947 outbreak, which had hitherto been the largest of its kind, was followed by a smaller wave in the following year, only to be eclipsed by the epidemic of 1949.

Up to the beginning of May, four sporadic cases only were recorded, which may be regarded as the aftermath of the 1948 outbreak. In the latter part of July, however, a case imported from Ayrshire was notified at King's Lynn, and in August the disease recommenced in earnest. Five cases were confirmed during that month, followed by seven in September, thirteen in October, twenty-four in November, and six in December, a total in all of 60 cases. The incidence was, therefore, 0.17 per 1000 of the mid-year population as compared with 0.14 per 1000 for England and Wales.

There were three deaths, giving a case mortality of 5%. These occurred in adults of 24 and 25 years of age and a child of 3 years. Of the adult deaths, one was the imported case noted above, while the other was a Norfolk person who contracted poliomyelitis while staying in Manchester.

A review of the distribution of the disease is of some interest. Initially the cases were sporadic and widespread, but as the epidemic progressed, it tended to become concentrated at three main focal points:—

(i) Horsham St. Faith's and the Northern and Eastern Norwich fringe areas—20 cases.

(ii) Wymondham, Attleborough, Deopham and adjacent parishes—15 cases.

(iii) King's Lynn—6 cases.

Sixty-eight per cent. of the incidence was thus confined to well circumscribed areas. In the main, the northern and western parts of the county escaped much more lightly than the eastern and southern, and six out of ten Urban and five out of fifteen Rural Districts remained entirely free of the infection, as did also the Municipal Borough of Thetford.

Reverting to the 1947 outbreak, the incidence was then highest in the East Dereham and Sheringham areas, with scattered sporadic cases occurring, as in 1949, in the south and east. It is noteworthy that, speaking generally, those parts affected in 1947 escaped the infection in 1949.

The case distribution by Local Health Areas during these two years is given below:—

Area.	1949.	1947.
1	7	5
2	—	8
3	2	10
4	25	11
5	8	1
6	10	4
7	1	1
8	1	—
9	6	—
	60	40

The date of the onset of the main 1949 wave closely coincided with that of 1947, but the peak was delayed until some five weeks later. The fall was also more gradual and prolonged, a further eighteen cases being recorded in the first three months of 1950.

The age incidence also merits some comment, and the following table shows the distribution by sex and age groups. That of 1947 is included for comparison:—

Age group.	1949.			1947.		
	M.	F.	Total.	M.	F.	Total.
0— 4	4	1	5	—	3	3
5— 9	8	7	15	6	4	10
10—14	4	5	9	5	2	7
15—19	6	5	11	3	4	7
20—24	1	2	3	2	3	5
25—29	4	7	11	1	2	3
30—34	2	1	3	1	1	2
35—39	1	—	1	—	—	—
40—44	—	—	—	—	—	—
45—49	1	1	2	—	—	—
50—	—	—	—	1	—	1
Unknown	—	—	—	—	2	2
	31	29	60	19	21	40

Thus, in 1949, only 8.3% of cases occurred under the age of 5 and 48.3% under 15 years; on the other hand, 28.3% occurred in persons over the age of 25. Much the same age distribution was apparent in the 1947 epidemic, the only difference of any significance being an increase during 1949 in the percentage of cases over 25 years. It is perhaps of interest to note that no case under the age of 1 year occurred during the recent outbreak.

It remains to record the all-important end results and cases may be classified by the degree of residual paralysis. In so far as the 1949 epidemic is concerned, the figures are as under:—

No residual paralysis	36	(60%)
Mild or moderate paralysis	15	(25%)
Severe paralysis	6	(10%)
Deaths	3	(5%)

Considering the nature of the disease and its prevalence, the county may consider itself fortunate to have escaped as lightly as it did.

WHOOPING COUGH.

This disease showed a marked decline during 1949, and 512 cases only were notified as compared with 1591 in 1948. The incidence was the lowest since 1939.

DIPHTHERIA.

Five cases of this disease, the lowest figure on record, were notified during the year and, for the third successive year, no deaths were reported.

MEASLES.

There were 2143 cases of measles with 2 deaths in 1949 as compared with 3654 cases and 5 deaths in the previous year.

PUERPERAL PYREXIA.

Notifications numbered 14 with 1 death, whereas in 1948 there were 14 cases and 3 deaths.

CANCER.

Death rates per 1000 population over the last 7 years are as follows:—

1943	1944	1945	1946	1947	1948	1949
1.91	1.92	1.91	2.02	1.83	1.85	1.97

The age distribution of the deaths registered in 1949 was as follows:—

	0-1	1-5	5-15	15-45	45-65	65-	Total
Males ...	—	—	—	20	109	232	361
Females ...	—	—	1	19	99	215	334
Total ...	—	—	1	39	208	447	695

SCABIES.

The County Council has an arrangement with the Norwich Corporation whereby county cases of scabies are treated at the Norwich Scabies Clinic.

In all cases where the diagnosis is established, two treatments are given and the patients are subsequently re-examined to ensure freedom from scabies. In all positive cases the home contacts are examined and disinfection of bedding, etc., is carried out to coincide with the completion of treatment. During the year, 23 cases, including contacts, were referred to the clinic, and of these 20 were diagnosed as suffering from scabies.

The majority of the cases referred to the Norwich Clinic are persons residing within a short distance of the city, and the foregoing figures, therefore, are not representative of the scabies incidence in the county as a whole. Under the National Health Service Act, 1946, medical practitioners can prescribe preparations for the treatment of this complaint, and as the condition is not notifiable, the actual number of cases so dealt with is not known. There is evidence, however, that the incidence of scabies in the county is low compared with that of previous years, particularly during the war period.

SANITARY CIRCUMSTANCES

The County Sanitary Officer reports as follows:—

WATER SUPPLIES.

During the year, some progress was made with the projected water supply schemes throughout the county. The amount of planning and administrative work which is involved in these schemes before they reach the constructional stage is very considerable, and it is encouraging to see that at last, in some areas, the work of sinking bores, building reservoirs and laying pipes is actually commencing. The following notes show the position in each District Council's area:—

Blofield & Flegg R.D.

The Ministry of Health held a public enquiry in August, 1949, into the proposed regional scheme which was estimated to cost £430,000. The north-east part of the district is to be supplied from a source in the Ludham area and during the year a test pumping on an existing bore at Ludham was completed. Unfortunately this test proved unsuccessful and the Blofield & Flegg R.D. and the Smallburgh R.D. are jointly considering the sinking of a new trial bore in this area.

Depwade R.D.

The original scheme, prepared in 1945, has been modified and it is now intended to use two major sources of supply at Diss and Rushall to serve the whole district. The total cost of the scheme will probably amount to £500,000, but development has been planned to take place in easy stages. The District Council is following a policy of extending existing resources wherever possible and during the year such schemes, which are designed for ultimate incorporation in the regional scheme, were completed in the parishes of Needham, Pulham Market, Alburgh, Carleton Rode, Stratton St. Michael, Moulton and Aslacton.

Docking R.D.

Construction of the first stage of the regional water scheme was commenced and the main reservoir, together with a water tower at Docking, was almost completed by the end of the year.

Downham R.D.

This rural district is in the fortunate position of having a pre-war scheme covering a substantial part of the area. Further considerable extensions were approved by the County Council and the Ministry of Health during the year.

Erpingham R.D.

The proposed regional scheme, based upon a bulk supply of water from the Cromer U.D.C's source at Metton, was, at the end of the year, still in the stage of negotiation between the various authorities concerned. A local extension from the existing mains to the village of Aylmerton was completed.

Forehoe & Henstead R.D.

The County Council has approved in principle the District Council's proposals for a regional water supply scheme. Much of the area is embraced in the Norwich Corporation statutory water supply area and the scheme here amounts to extension of the Corporation mains at a cost of approximately £160,000. Elsewhere, the intention is to take a supply of water in bulk at the boundary of the statutory area and in one part from the Wymondham U.D.C's waterworks, but obviously little can be done until the trunk mains reach the boundary of the statutory area. In the meantime, the District Council intends to develop advanced sections of the regional scheme, using local resources where necessary. During the year, approval to such proposals in Hethersett, Keswick and Costessey was given.

Freebridge Lynn R.D.

During the year, the possibility of utilising the new source at Hillington also for a bulk supply of water to the King's Lynn M.B. was discussed. As a result, further extensive and successful tests were applied to the new bore and negotiations are in progress between the two authorities as to the design of a suitable scheme and as to terms.

Some local main laying was commenced during the year in the Massingham area where a supply is to be taken from the bore at Harpley Dams.

Loddon R.D.

The majority of this area will be supplied by water taken in bulk from the Norwich Corporation, but the problem in the Waveney Valley area is so acute that the District Council proposes to take a supply for this zone from Bungay. The County Council raised no objection to this, provided the scheme is designed to be capable of linking up with the major scheme supplied by Norwich water, so that if the Bungay supply should fail, the Waveney Valley area can be supplied from other sources. During 1948, considerable development of water supplies and sewerage took place in the district, while much of the work during 1949 was confined to the detailed preparation of the regional scheme.

Consequently, there is little further progress to show, apart from local extensions of mains in Woodton and Bedingham, and the proving of a source to supply an advance section of the regional scheme in Kirby Cane and Ellingham.

Marshland R.D.

This district is in the fortunate position of being substantially supplied from the pre-war scheme. The proposals under the 1944 Act, which amount to the extension of these mains, would have been commenced during the year but for delay owing to contract difficulties.

Mitford & Launditch R.D.

This District Council proposed to take water in bulk from the surrounding districts of Walsingham, Swaffham and St. Faith's, and they are, therefore, dependent upon development in those districts before much progress can be made. The district is such that there is some doubt as to whether a regional scheme of the type originally proposed is suitable at the present time, and the matter was still in the negotiation stage by the end of the year.

During 1949, a local extension was made of mains from East Dereham to part of Scarning.

St. Faith's & Aylsham R.D.

This District Council is in much the same position as Forehoe and Henstead R.D., because a substantial part of the district is within the Norwich Corporation statutory area of supply. A scheme for extension within the statutory area has been approved but outside this area there is still some doubt as to the best method of supply. It is probable that for the present this will be confined to development from local sources, and, during the year, approval was given to such schemes in Honingham, Lenwade, Foulsham and Themelthorpe.

Smallburgh R.D.

Approval in principle has been given to the District Council's proposals for a regional water supply involving, in the north-east, a bulk supply from the Cromer U.D.C's works at Metton, in the south-east, a supply from a new headworks at Ludham, and in the south-west as part of the Norwich Corporation statutory area. As reported under Blofield and Flegg R.D., a test of the existing bore at Ludham has proved unsatisfactory and further exploration here is necessary before much can be done. During the year, however, local development in the Catfield, Sutton and Hickling locality was projected. No final decision has yet been taken concerning the scheme for the north-east zone.

Swaffham R.D.

The Ministry of Health held a public enquiry concerning the R.D.C's proposed regional scheme in the north-east part of the district, and approved this with certain modifications which rather restricted the area to be supplied. In the remainder of the district, the population is so distributed that a regional scheme seems out of the question for the present and the County Council is in agreement with the District Council's proposals to rely upon the development of local schemes. During the year, such schemes were completed in Mundford and Weeting and approval was given to similar schemes in Sporle, Gooderstone, Narborough and Hilborough.

Walsingham R.D.

The primary explorations in connection with the new head-works have been completed and approval has been given to the commencement of the next stage of development of the regional scheme.

An advanced section, utilising an existing council housing source, has been approved for Hindolveston.

Wayland R.D.

The regional scheme for this area is based upon a further development of the existing undertaking in the eastern half of the district and development from Watton in the western half. Considerable extensions of mains in the eastern zone were made during the year and the new reservoir at Carbrooke, which is to form the mainstay of the scheme for the western zone, was commenced in October.

Urban Districts.

Considerable improvements were commenced at the Cromer U.D.C. head-works at Metton during the year and also at the North Walsham U.D.C. headworks. In Wymondham, some improvement in distribution pressures was effected by the provision of certain link mains. Swaffham U.D.C. has had under consideration the possibility of purchasing the local waterworks undertaking.

SEWERAGE AND SEWAGE DISPOSAL.

During the year, constructional work in connection with sewerage schemes in Stalham, Wells and Thetford proceeded rapidly. These three schemes will jointly cost some £270,000. Substantial works of sewerage have been projected

in many other areas of the county during the year. Some have even gone so far as to receive Ministry approval after a public enquiry but at the time of writing this report, the need to restrict capital investment has become more apparent and it is possible that considerable delay may ensue before some of these schemes reach the constructional stage. The following is a general summary of the main proposals dealt with during the year, but for the reason stated, some of them may be delayed for a long time to come:—

Blofield & Flegg R.D.

Winterton— A sewerage scheme for the more congested parts of the village.

Depwade R.D.

Dickleburgh—A village sewerage scheme at an estimated cost of £12,500.

Hempnall—A village sewerage scheme estimated to cost £16,000 was approved following a public enquiry in May, 1949.

Forehoe & Henstead R.D.

Hingham—A sewerage scheme for this village has been under consideration for many years. Following a public enquiry on 31st May, the proposed scheme was approved.

Freebridge Lynn R.D.

South Wootton—A scheme of sewerage, discharging to the King's Lynn M.B. sewers, at an estimated cost of £36,000, was approved in principle.

Mitford & Launditch R.D.

North Elmham—A village sewerage scheme was approved by the County Council.

St. Faith's & Aylsham R.D.

Aylsham and Reepham—The schemes for these two areas, at an estimated cost totalling some £150,000, were considered at a public enquiry in November and with minor modifications, these have received Ministry approval.

Swaffham R.D.

Saham Toney—The association of this village with adjoining Watton in a joint sewerage scheme was approved by the Ministry following a public enquiry.

Sporle—A modified scheme for this village was approved in principle by the Committee.

Mundford—In view of the Forestry Commission's proposals to erect a number of houses in this area, approval in principle for a village sewerage scheme has been given.

Walsingham R.D.

Gt. and Lt. Walsingham—Following a public enquiry on the 24th March, the Ministry approved a sewerage scheme for these villages at an estimated cost of £34,165.

Wayland R.D.

Watton—Following the Ministry enquiry, the scheme for this village, together with adjoining Saham Toney, was approved by the Ministry.

Urban Districts. Extensive works of sewerage and sewage disposal have been projected in the following districts:—

District	Estimated cost £
Diss	81,500
Downham Market	80,000
New Hunstanton	23,000
North Walsham	41,000
Swaffham	38,000
Sheringham	60,000

MILK AND DAIRIES.

MIILK (SPECIAL DESIGNATIONS) REGULATIONS.

The year was a difficult one owing to the uncertainty as to the time when the Ministry of Agriculture and Fisheries would assume responsibility for the licensing of certain "designated" premises. The change-over finally took place on 1st October and, on that date, 485 producers held Tuberculin Tested licences and 342 producers held Accredited licences. During the year, 1084 samples were submitted for examination from Tuberculin Tested herds, and of these, 202 failed to pass either the Methylene Blue or Coliform test. 923 samples were taken from Accredited herds and of these 207 failed the tests.

Some 360 visits and inspections were made in connection with Tuberculin Tested and Accredited premises, prospective designated milk producers, and in respect of cases brought before the Milk Committee.

It remains to be seen how the new service will function, but it is to be hoped that it will retain some measure of that "personal touch" which we found to be so important to the success of this work. I do not entirely share the regrets expressed in some quarters at the loss of this work, for although we may claim to have done a considerable amount of good during the time the County Council was responsible, the effort expended involved a diversion of staff from other more important public health duties. Our real responsibility is to ensure a "safe" milk supply and this is by no means the same thing as a "clean" milk supply. Fortunately, the County Council now has the power to ensure that milk, as it reaches the consumer, is at least reasonably safe. The Government's Milk Policy, based upon tested herds and pasteurised supplies, places the responsibility of supervising and controlling pasteurisation plants upon County Councils and, at the time of writing this report, the importance of this work has already been appreciated throughout the country. Until the time arrives when all milk is either pasteurised or taken from

properly tested herds, County Councils have a great responsibility in ensuring that supplies from local producers of non-designated milk are free from tuberculosis and other pathogenic organisms. The time is ripe for a concentrated attack by sampling such supplies for biological examination. Here is a real example of preventive medicine.

MILK IN SCHOOLS SCHEME.

On the 31st December, 1949, the milk delivered to county schools under the scheme was classified as follows:—

	No. of Schools.
Tuberculin Tested (bottled)	285
Tuberculin Tested (bulk)	8
Pasteurised (bottled)	168
Accredited (bottled)	9
Accredited (bulk)	5
Non-Designated (bottled)	5
Non-Designated (bulk)	4
Dried milk	1
Not receiving milk supplies	6
Total	491

We have always been reluctant to approve of supplies other than T.T. or pasteurised and would urge that, wherever possible, steps should be taken to secure this type of milk for schools.

TUBERCULOSIS IN MILK.

During the year, 1283 samples were taken from all sources for biological examination. Of these, examination was not completed in 48 cases due to the premature death of the guinea pig, or otherwise, but of the 1235 in which examination was completed, 16 (1.29%) were found to contain living tubercle bacilli.

GENERAL.

ICE CREAM.

Since increased supplies of sugar and fats were made available to manufacturers, the nutritional value of ice cream has improved in many cases, but it is to be regretted that the improvements have not extended to a higher standard of bacteriological purity, despite the provisions of the Ice Cream (Heat Treatment, etc.) Regulations, 1947 and the work carried out by the District Sanitary Inspectors. The problem will remain in its present unsolved, unsatisfactory state until statutory effect is given to a suitable bacteriological standard, which can be enforced in relation to **all** ice cream sold to the public, whether it be from a modern ice cream bar or from the itinerant vendor.

A considerable measure of co-operation exists between the County and District Council public health officers in this matter and free interchange of

information, together with a certain amount of organised routine sampling, has been arranged. During the year, 196 samples were examined with the following results:—

Grade I	42
Grade II	39
Grade III	34
Grade IV	81

These samples show an increase of 93 in total compared with those taken during 1948, but the results must still be regarded as unsatisfactory. Since the bacteriological standard adopted has no statutory significance, very little real enforcement can be done.

HOUSING AND SANITARY COMPLAINTS.

There has been no perceptible decrease in the large number of requests for assistance in obtaining better accommodation. In the majority, the emphasis is on overcrowding, bad environmental conditions, particularly for children, and the long waiting period for the allocation of a council house. All these cases have been taken up with the appropriate local authority, but owing to circumstances entirely beyond their control, little can be done for many of the applicants at present. Norfolk District Councils have, on the whole, made exceptionally good progress in the building of council houses, but the rate is still far below what is required and I believe the gap between supply and demand is still increasing.

The selection of tenants for council houses is always a most difficult matter and all District Councils give this important work the greatest consideration. It is invidious to select for discussion any particular type of applicant, but I feel bound to make a special plea for those persons who must perforce return home to unsatisfactory conditions after sanatorium treatment for tuberculosis. Apart from the danger to the patient and his family, this may well result in a complete waste of public money in respect of the sanatorium treatment which he or she has undergone.

162 complaints relating to structural defects, drainage, water supplies etc., were received and investigated during the year.

SANITARY SURVEY OF SCHOOLS.

For some years past, the need for conducting a complete and detailed sanitary survey of schools in the county has been obvious. There have been many unrelated complaints from district medical officers of health, district sanitary inspectors and from parents, and with the substantial development plans projected for education, the time is opportune to complete such a survey as early as possible. This was commenced during the year.

After discussion with the Chief Education Officer, it was decided, as a general measure, to conduct the survey in school areas and to present long-term recommendations, particularly with regard to such matters as water supply, washing facilities, closet accommodation, drainage, refuse disposal, light and ventilation, etc. Separate reports are presented in respect of schools regarded as requiring some degree of priority in the provision of these facilities. Following initial inspections of individual schools, incidental items deemed to require early attention are reported direct to the Chief Education Officer. Before each area report is drawn up, the recommendations are discussed with the district medical officer of health and sanitary inspector in

order that all public health views may be represented where proper. The final technical report is then sent to the Chief Education Officer who will, in due course, consider it in the light of the development plan preparatory to submitting a joint report to the Education Committee.

At the end of the year, eight area reports involving 85 schools had been prepared together with 16 priority reports in respect of individual schools. 31 additional inspections had been carried out.

One of the major problems is that of water supply. A proper water supply is essential, but it becomes indispensable in view of the modern policy of encouraging children to take their meals at school. It is of the utmost importance to the future health of the nation that the greatest advantage should be taken of the opportunity for teaching cleanliness and personal hygiene to school children at the youngest possible age.

Many of the schools are dependent for their supplies of water upon shallow wells and considerable thought has been given to the establishment of a bacteriological standard to which such supplies should be required to attain. The standard which is laid down by the Ministry of Health in respect of main water supplies is recognised as not being applicable to waters from wells, for on that basis it would be necessary to condemn the majority of local shallow well supplies. The problem resolves itself into one of establishing a standard which is sufficiently practicable to be enforced and yet which provides a sufficient margin of safety for the public health. The final decision must frequently rest upon conditions at the site, for most water analyses are little more than an indication of what is to be expected. After discussion with various authorities, the following general standard was agreed:—

(*a*) A bacterial count of up to 25 *non-fæcal* coliform organisms per 100 ml. to be regarded as satisfactory.
(*b*) Where the count is between 25 and 50 *non-fæcal* coliform organisms per 100 ml., the water to be regarded as suspicious.
(*c*) Where the count is over 50 *non-fæcal* coliform organisms per 100 ml., the water to be regarded as unsatisfactory.
(*d*) If the coliform organisms present are of a fæcal character, the water to be regarded as unsatisfactory whatever the bacterial count.

FOOD CONTROL.

The problem of food control to prevent food poisoning received considerable attention during the year but much remains to be done.

The development of the school meals service is, of course, a matter to be encouraged, but it is attended with the food poisoning risks of communal feeding. Such problems as transportation of meals, adequate facilities for sterilisation, water supply, and hand washing at the canteens and at the schools are all the more difficult in a rural area. A close liaison is maintained with the Chief Education Officer's Department and, whenever there is the slightest risk of food poisoning, full investigations are put in hand immediately. During the year, the sanitary staff delivered a series of short talks on the subject to the schools meals organisers and supervisors.

The wider problem of preventing food poisoning generally is not one which can be met entirely by legislation and inspection, although these measures are most necessary. In the final analysis, it is largely a matter for the individual and no opportunity for practical demonstrations and propaganda should be lost.

DISINFECTION.

During the period under review, steam disinfection of clothing and bedding associated with 28 cases of infectious disease was carried out at the East Dereham Isolation Hospital.

MISCELLANEOUS

MATERNITY AND NURSING HOMES.

The following table gives details of the action which was taken under Sections 187—199 of the Public Health Act, 1936, during the year ended 31st December, 1949:—

No. of applications for registration	4
No. of applications refused	—
No. of registrations cancelled	2
No. of homes registered at 31st December, 1949 ...	22
No. of beds provided	
(a) Maternity	58
(b) Others	151

No applications were received under Section 194 of the Act for delegation of powers.

LABORATORY FACILITIES.

The Medical Research Council provides these facilities at the Public Health Laboratory, Norwich, where the following specimens were examined in 1949:—

Swabs	13,144
Sputa	963
Urine and fæces	751
Miscellaneous	317
	15,175

Most of these specimens were submitted by general medical practitioners for the diagnosis of infectious diseases. Others were sent by the Council's medical staff in connection with the prevention and control of infectious diseases and examinations of staff under the Local Government Superannuation Act, 1937.

The laboratory also examined the following samples, which were submitted by the sanitary staff of the County Council and also by the sanitary inspectors of the county district councils:—

Milk (methylene blue test) ...	2076
Ice cream	196
Water	719
	2991

SUPERANNUATION EXAMINATIONS.

During the year, a total of 398 examinations were made by the medical staff of the department.

In addition, medical advice was given in cases of County Council employees who were no longer considered capable of discharging their duties and on whose behalf application was made for early retirement on pension.